

Call to Order – Mitchell P. Davis, NHA, Board Chair

- Welcome and Introductions
 - Mission of the Board
 - Emergency Egress Procedures
-

Approval of Minutes

- Board Meeting – September 27, 2019
 - Informal Conferences (*for informational purposes only*) – October 30, 2019
-

Ordering of Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Report

Presentation

- Cannabidiol Oil and Vertical Pharmaceutical Processors – **Caroline Juran, Executive Director and Annette Kelley, Deputy Executive Director, Board of Pharmacy**
-

Staff Reports

- Executive Director’s Report – **Corie E. Tillman Wolf, JD, Executive Director**
 - Discipline Report – **Kelley Palmatier, JD, Deputy Executive Director**
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Board Counsel Report – Erin Barrett, Assistant Attorney General

Committee and Board Member Reports

- Board of Health Professions Report – **Derrick Kendall, NHA**
 - NAB Mid-Year Meeting Report – **Martha Hunt, ALFA**
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Presentation

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- Information Regarding Approved Training Programs through NAB – **Michelle Grachek, National Association of Long Term Care Administrator Boards (NAB)**
-
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Legislative and Regulatory Report – Elaine Yeatts, Senior Policy Analyst

- Legislation and Regulation Updates
 - Adoption of NOIRA for Administrator-In-Training Program Considerations/Recommendations of Regulatory Advisory Panel (18VAC95-20-10 et seq., 18VAC95-30-10 et seq.)
 - Approval of Revised Memorandum of Understanding with the Virginia Department of Health, Division of Licensure and Certification (Guidance Document 95-1)
 - Consideration of Adoption of Fast Track Regulation Related to Agency Subordinate Proceedings
-
-

Elections

Recognition of Board Member

Next Meeting – March 24, 2020

Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707(F).

Approval of Minutes

September 27, 2019

The Virginia Board of Long-Term Care Administrators convened for a board meeting on Friday, September 27, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia.

BOARD MEMBERS PRESENT

Mitchell P. Davis, NHA, Chair
Marj Pantone, ALFA, Vice-Chair
Basil Acey, Citizen Member
Martha H. Hunt, ALFA
Derrick Kendall, NHA

BOARD MEMBERS ABSENT

Shervonne Banks, Citizen Member
Karen Hopkins Stanfield, NHA

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING

Erin Barrett, Assistant Attorney General
Trasean Boatwright, Licensing Specialist
Sarah Georgen, Licensing and Operations Manager
Lisa Hahn, Chief Operations Officer
Kelley Palmatier, J.D., Deputy Executive Director
Corie Tillman Wolf, J.D., Executive Director
Elaine Yeatts, Senior Policy Analyst

OTHERS PRESENT

Judy Hackler, Virginia Assisted Living Association
Nancy Hofheimer
Dana Parsons, Leading Age Virginia
April Payne, Virginia Health Care Association/Virginia Center for Assisted Living
Jennifer Pryor, Virginia Commonwealth University, Department of Gerontology
Kathaleen Creegan-Tedeschi, Office of Licensure and Certification
Alexa Van Aartrijk, Virginia Commonwealth University, Department of Gerontology

CALL TO ORDER

Mr. Davis called the meeting to order at 10:05 a.m. and asked the Board members and staff to introduce themselves.

QUORUM

With five members present a quorum was established.

MISSION

Mr. Davis read the mission of the Board and reminders for the meeting.

Ms. Tillman Wolf read the Emergency Egress Procedures.

APPROVAL OF MINUTES

Ms. Tillman Wolf requested a small revision full board meeting minutes for March 12, 2019 indicating a correction to the change in current licensure count for Nursing Home Administrators.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Pantone, the Board voted to accept the following meeting minutes as amended:

- Board Meeting – March 12, 2019
- Formal Hearings – March 12, 2019
- Regulatory Advisory Panel – April 26, 2019 and July 19, 2019

The motion passed unanimously.

ORDERING OF THE AGENDA

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Hunt, the Board voted to accept the agenda as written. The motion passed unanimously.

PUBLIC COMMENT

Judy Hackler, Virginia Assisted Living Association, thanked the Board for facilitating the Regulatory Advisory Panel meetings and encouraged the Board to consider the recommendations regarding additional pathways to licensure.

AGENCY REPORT – Lisa Hahn

Ms. Hahn announced that the Department of Health Professions (DHP) has scheduled the 2019 Board member training for October 7, 2019. She reviewed the topics of the training and encouraged Board members to attend. She reminded the Board members that Conflict of Interest Act training was required, in accordance with § 2.2-3132, within two months after becoming a Board member and at least once during each consecutive period of two calendar years thereafter. She requested that any Board member unable to attend the training should complete the training module online at <http://ethics.dls.virginia.gov/> or contact ethics@dls.virginia.gov.

Ms. Hahn updated the Board regarding the upcoming building security measures. She said that the building tenants have worked with the Henrico and Virginia State Police to assess the building and have identified several possible changes including the relocation of the security desk, purchasing walk-through metal detectors, and bag and wand screening. She stated that she anticipates the implementation of these changes by the end of 2019.

With no further questions, Ms. Hahn concluded her report.

PRESENTATIONS

Overview of the DHP Enforcement Division

Mr. Davis welcomed Michelle Schmitz, Director of Enforcement, to provide an overview of the Department of Health Professions (DHP) Enforcement Division.

2019 Workforce Report – Assisted Living Facility Administrators and Nursing Home Administrators

Mr. Davis welcomed Dr. Elizabeth Carter and Dr. Yetty Shobo of the Healthcare Workforce Data Center to provide information on the draft 2019 Workforce Reports for Assisted Living Facility Administrators and Nursing Home Administrators.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Pantone, the Board voted to collect additional data through the Healthcare Workforce Data Center’s annual survey of licensees regarding the bed size of facilities overseen by administrators and how the data correlates with the salary range of licensees. The motion passed unanimously.

Upon a **MOTION** by Ms. Pantone, and properly seconded by Ms. Hunt, the Board voted to accept the 2019 Workforce Reports for Assisted Living Facility Administrators and Nursing Home Administrators as written. The motion passed unanimously.

EXECUTIVE DIRECTOR’S REPORT – Corie Tillman Wolf, J.D.

Ms. Tillman Wolf welcomed Trasean Boatwright, Licensing Specialist for the Board of Long-Term Care Administrators, and Kelley Palmatier, Deputy Executive Director of the Board.

Ms. Tillman Wolf provided the following report:

Expenditure and Revenue Summary

Cash Balance as of June 30, 2019	\$ 44,674
YTD FY19 Revenue	\$ 23,960
Less: YTD Direct and In-Direct Expenditures	\$ <u>95,583</u>
Cash Balance as of January 31, 2019	\$(26,949)

Ms. Tillman Wolf stated that the recommendation from finance was that no action should be taken by the Board at this time with regard to fees.

NAB Updates

Ms. Tillman Wolf reported on the National Association of Long Term Care Administrator Boards (NAB) Annual Meeting that took place on June 12-14, 2019. She stated that Dr. Brown and Dr. Carter presented on workforce data, and that Ms. Hunt participated in the RC/AL Exam Committee. She also reported that Ms. Hahn started her second year as NAB Chair.

Ms. Tillman Wolf provided the Board with an update regarding NAB licensure examinations and stated that a practice analysis was underway to ensure questions accurately reflect administrator practice areas.

Ms. Tillman Wolf reported on the Vision 2025 conference from June 2019. She stated that stakeholders in long-term care, individuals from NAB, professional institutions and educators participated in the conference. Ms. Tillman Wolf said that more information regarding the conference and its recommendations would be provided in the future.

Ms. Tillman Wolf stated that the NAB Administrator-In-Training (AIT) Task Force was looking into updates to the AIT manual, the need for preceptors, the need to pay for administrators-in-training, and the acceptance of AIT hours between states. She said that more information would be forthcoming.

Ms. Tillman Wolf reported on the status of the Health Services Executive (HSE) credential and HSE-accredited education programs.

Ms. Tillman Wolf reported on the Continuing Education (CE) Registry offered by NAB.

Staff Updates

Ms. Tillman Wolf provided a presentation with Annette Kelley, formally of the Department of Social Services, to Assisted Living students on March 18, 2019 at the Virginia Commonwealth University (VCU) Department of Gerontology. She also provided a presentation to the Virginia Long Term Care Network on September 12, 2019.

Ms. Tillman Wolf is participating on the Mental Health Task Force convened by the Department of Social Services, and is also participating in the Nursing Facility Action Committee (NFAC) meetings, and attending Assisted Living Stakeholders Meetings.

Ms. Tillman Wolf announced that Caroline Juran, Executive Director with the Board of Pharmacy would provide a presentation at the December Board meeting regarding cannabidiol oil, THC-A oil, and pharmaceutical processors.

Ms. Tillman Wolf reported on recent reports from licensees about fraudulent communications from individuals claiming to be from the Board, or the Drug Enforcement Administration. An email was sent to all licensees regarding the scam calls and emails to make them aware of this concern.

Ms. Tillman Wolf reported on the upcoming Virginia Assisted Living Association (VALA) Fall Conference. She stated that she will be a co-presenter with Jennifer Pryor from the VCU School of Gerontology regarding “Preceptors – Trends and Tools for Success.”

Ms. Tillman Wolf stated that she will participate in the NAB Mid-Year Meeting on November 13-15, 2019.

Ms. Tillman Wolf provided the Licensing Report.

Assisted Living Facility Administrators - Current License Count

	August 2019	August 2018	+/-
ALFA's	645	638	+7
AIT's	101	90	+11
Acting AIT	4	4	--
Total ALFA	750	732	+18
Preceptors	202	207	-5

Nursing Home Administrators - Current License Count

	August 2019	August 2018	+/-
NHA's	924	889	+35
AIT's	75	77	-2
Total NHA	999	966	+33
Preceptors	225	231	-6
NHA and ALFA Combined	1,749	1,698	+51

Ms. Tillman Wolf reported on the trends in license count, which continued to show relatively flat growth from December 2013 to August 2019.

Virginia Performs – Customer Service Satisfaction

- FY16 Q1 – 100%
- FY16 Q2 – 100%
- FY16 Q3 – No results
- FY16 Q4 – 100%
- FY17 Q1 – 100%
- FY17 Q2 – 100%
- FY17 Q3 – No results
- FY17 Q4 – 100%
- FY18 Q1 – 100%
- FY18 Q2 – 100%
- FY18 Q3 – 100%
- FY18 Q4 – 100%
- FY19 Q1 – 100%
- FY19 Q2 – 100%
- FY19 Q4 – 100%

Ms. Tillman Wolf reported the agency average for FY19 Q1 was 90%.

Notes

Ms. Tillman Wolf provided reminders to the Board members regarding any updated contact information. She thanked the Board members for their assistance with scheduling requests and their dedication to the Board. She reminded Board members to contact Board staff if they were unable to attend a meeting to ensure the establishment of a quorum.

Ms. Tillman Wolf reviewed the remaining 2019 Board meeting schedule with the Board members:

- Tuesday, December 17, 2019 at 10:00 a.m. in Board Room 4

Ms. Tillman Wolf reviewed the tentative 2020 Board meeting schedule with the Board members:

- Tuesday, March 24, 2020
- Tuesday, June 16, 2020
- Tuesday, September 15, 2020
- Tuesday, December 8, 2020

With no further questions, Ms. Tillman Wolf concluded her report.

DISCIPLINE REPORT – Kelley Palmatier – Deputy Executive Director

As of September 20, 2019, Ms. Palmatier reported the following disciplinary statistics:

- 99 total cases
 - 2 in Formal Hearing
 - 1 in Informal Conferences
 - 30 in Investigation
 - 66 in Probable Cause

Ms. Helmick reported the following Total Cases Received and Closed:

- Q4 2017 – 18/20
- Q1 2018 – 15/5
- Q2 2018 – 24/8
- Q3 2018 – 13/8
- Q4 2018 – 16/31
- Q1 2019 – 31/14
- Q2 2019 – 23/6
- Q3 2019 – 23-27
- Q4 2019 – 14/100

Ms. Palmatier reported the following Virginia Performs statistics for Q4 2019:

- Clearance Rate – 73% Received 11 patient care cases and closed 8 cases
- Pending Caseload over 250 days at 36% was over the 20% goal which represented 29 cases

Ms. Palmatier reported on the last six quarters case information:

Percentage of all cases closed in 1 year						
	Q3-2018	Q4-2018	Q1-2019	Q2-2019	Q3-2019	Q4-2019
LTC	25.0%	29.0%	64.3%	36.4%	42.6%	64.3%
Agency	87.6%	80.6%	85.5%	84.0%	76.4%	82.3%

Average days to close a case						
	Q3-2018	Q4-2018	Q1-2019	Q2-2019	Q3-2019	Q4-2019
LTC	424.1	395.5	253	396.8	400	433
Agency	196.4	201.1	173.8	169.2	258	204

Ms. Palmatier reported on the case categories in which disciplinary action was taken:

FY2018 – 11 cases total:

- 5 Abuse/Abandonment/Neglect
- 5 Business Practice Issues
- 2 Misappropriation of Patient Property
- 1 Standard of Care, Dx/Tx
- 1 Unlicensed Activity
- 1 Continuing Competency Requirement Not Met
- 1 Criminal Activity

FY2019 – 17 cases total:

- 9 Abuse/Abandonment/Neglect
- 13 Business Practice Issues
- 7 Standard of Care, Dx/Tx
- 1 Unlicensed Activity
- 1 Criminal Activity
- 2 Fraud, Non-patient care
- 2 Standard of Care, Other
- 1 Inability to Safely Practice
- 1 Drug-related, Patient Care
- 1 Dishonored Payment

With no further questions, Ms. Palmatier concluded her report.

BOARD COUNSEL REPORT

Ms. Barrett reminded Board members that they should refrain from the discussion of board-related business outside of a scheduled Board meeting to ensure that they are in compliance with the Freedom of Information Act (FOIA). She advised Board members to contact Board staff regarding any questions or concerns regarding agenda items, attendance, etc.

BREAK

The Board recessed at 11:46 a.m. The Board reconvened at 11:55 a.m.

COMMITTEE AND BOARD MEMBER REPORTS

Board of Health Professions Report

Mr. Kendall noted that the Board of Health Professions report was included in the agenda packet. He reported that the Board of Health Professions recommended the regulation of music therapist as licensees under the Board of Counseling.

Regulatory Advisory Panel Report

Ms. Pantone provided a report on the Regulatory Advisory Panel (“RAP”) meetings held on April 26, 2019 and July 19, 2019. She noted the minutes for both meetings are contained in the agenda packets.

Mr. Davis requested that the Board members take the next agenda item out of order to provide additional time for the Board to discuss the considerations of the RAP during a working lunch.

LEGISLATIVE AND REGULATORY ACTIONS – Elaine Yeatts, Senior Policy Analyst

Petitions for Rule-making (Simmons)

Ms. Yeatts reviewed the Petitions for Rule-making submitted and requested discussion by the Board members.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Pantone, the Board voted to take no action at this time on the petitioner’s request to allow for more than 40 hours of work per week to count towards the AIT program, but to include the topic for review by the Board with the RAP considerations. The motion passed unanimously.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Hunt, the Board voted to take no action at this time on the petitioner’s request to allow training hours from an Assisted Living AIT program to count towards a Nursing Home AIT program, but to include the topic for review by the Board with the RAP considerations. The motion passed unanimously.

Adoption of Fast Track Regulation Related to Handling Fee for Dishonored/Returned Checks or Payments

Ms. Yeatts provided an overview of the handling fee for dishonored/returned checks or payments.

Upon a **MOTION** by Ms. Pantone, and properly seconded by Mr. Kendall, the Board voted to adopt the Fast Track Regulation Related to Handling Fee for Dishonored/Returned Checks or Payments as presented. The motion passed unanimously.

BREAK

The Board recessed at 12:11 p.m. to allow for a working lunch. The Board reconvened at 12:22 p.m.

DISCUSSION AND POSSIBLE BOARD ACTION

Considerations/Recommendations of Regulatory Advisory Panel

Ms. Pantone and Ms. Tillman Wolf provided an overview of the specific areas of considerations (Area 1-7 Attachment A) and recommendations discussed at the RAP meetings for consideration by the Board. Ms. Tillman Wolf provided an overview of possible Board actions for each area, including areas for support or collaboration and for possible regulatory action by the Board.

Following Board discussion, Ms. Yeatts clarified the possible regulation changes for consideration include:

- (1) Continuing education hours for preceptors;
- (2) Addition of a minimum hour requirement for face-to-face instruction for AITs (not just Acting AITs) or other on-site requirements;
- (3) Creation of an alternative pathway to qualification for an AIT program that may include an eighty-hour course and previous experience in a managerial or supervisory role in healthcare;
- (4) Amendments to the current requirement for 30 hours of post-secondary education in any subject to require specific hours in business or human services to mirror current DSS regulations for residential facility administrators;
- (5) Clarification or modification of AIT training facility requirements, to include consideration of the bed size or type of facility for AIT hours and licensure status of the facility (e.g., not residential only; provisional for Acting AIT who owns the facility);
- (6) Use of NAB manual as a basis or model for training;
- (7) Completion of an eighty-hour NAB training course, with consideration of requirement for all assisted living AITs and with possible credit toward AIT hours; and
- (8) Training and/or continuing education hours related to mental health or dementia for AITs and licensees.

Upon a **MOTION** by Mr. Kendall, which was properly seconded by Ms. Pantone, the Board voted to support the considerations as presented in concept, and consider initiation of regulatory action through a NOIRA at the next full board meeting to allow sufficient time to research additional information and draft possible language for consideration by the Board. The motion passed unanimously.

Upon a **MOTION** by Ms. Pantone, which was properly seconded by Ms. Hunt, the Board voted to support continued collaboration on the proposed items discussed that are non-regulatory actions. The motion passed unanimously.

NEXT MEETING

Mr. Davis announced the next full Board meeting will be held on December 17, 2019.

ADJOURNMENT

With all business concluded, the meeting adjourned at 1:12 p.m.

Mitchell P. Davis, NHA, Chair

Corie Tillman Wolf, J.D., Executive Director

Date

Date

**Regulatory Advisory Panel – Administrators-in-Training
Considerations for the Board of Long-Term Care Administrators**

Area	Concern	Proposed Action Items for Consideration
Workforce Development	How to interest individuals in administration as a career	<ul style="list-style-type: none"> <input type="checkbox"/> DHP’s Healthcare Workforce Data Center to continue to disseminate Occupational Roadmap to community colleges, schools, and will reach out to the Virginia Healthcare Workforce Authority to share resources <input type="checkbox"/> Provider associations to share Occupational Roadmap on their websites <input type="checkbox"/> Provider associations to build relationships with schools to increase exposure to administration as a career
	Development of academic programs as pipeline for building career administrators	<ul style="list-style-type: none"> <input type="checkbox"/> NAB and National provider associations to continue to collaborate with academic programs to implement recommendations of Vision 2025 Summit, including recommendations to encourage investment in administration as a profession and career path; to encourage investment in/funding for/support of AIT training programs; to develop a common branding, terminology, and messaging for the profession; to study the supply/demand of administrators through NAB foundation and academic program; to establish a comprehensive core curriculum of study in long-term care administration
	Building leadership talent through education and investment, including investment in AIT training	<ul style="list-style-type: none"> <input type="checkbox"/> NAB and National provider associations to collaborate to promote leadership training, as well as financial support of/investment in AIT programs and internships
Preceptor Development and Engagement	Preceptor Directory – updates and utilization	<ul style="list-style-type: none"> <input type="checkbox"/> Board to encourage currently-listed preceptors to (1) update current information and (2) encourage additional preceptors to include information together with any restrictions they may have on their ability to oversee training (e.g. internal only) <input type="checkbox"/> Board to collaborate with provider associations to continue to “get the word out” about the availability of voluntary resource <input type="checkbox"/> Board to collaborate with provider associations to look at resources for matching preceptors and AITs
	Increasing engagement of/availability of preceptors in the AIT training process	<ul style="list-style-type: none"> <input type="checkbox"/> Board to consider change to regulations to permit preceptors to earn CE credit for supervising an AIT program <input type="checkbox"/> Board to collaborate with provider organizations and stakeholders to provide resources and additional training to preceptors <input type="checkbox"/> Board and provider associations to encourage use of NAB preceptor training modules beyond requirements related to initial registration/reinstatement
	Ensuring active involvement of preceptors in the training process	<ul style="list-style-type: none"> <input type="checkbox"/> Board to consider adequate training and oversight of AIT by preceptors when preceptor may not be on-site by reviewing minimum amount of face-to-face time for all AITs (not just Acting AITs) <input type="checkbox"/> Board to consider on-site requirements for preceptors

Area	Concern	Proposed Action Items for Consideration
AIT – Pathways to Registration – Education and Experience	Additional pathway for ALFA AIT based upon experience and/or other relevant educational requirements	<input type="checkbox"/> Board to consider change to regulations to add another pathway to registration for AIT training based upon experience in the long-term care setting (example of at least 2-3 years in managerial or supervisory role within long-term care setting), combined with 80-hour training requirement as prerequisite (NAB provides third party certification of 80 hour program based upon NAB curriculum standards and Domains of Practice); 80 hour program through provider association (not-for-profit) or academic program for implementation of 80-hour training program
	Current requirement for 30 hours of education “in any subject” as basis for approval of applicant to begin ALFA AIT	<input type="checkbox"/> Board to consider change to regulations to strengthen current minimum educational pathway to create link between 30 hours of coursework with coursework related to business and/or health services similar to requirement for residential-only administrators of record per DSS regulations (22VAC40-73-140)
Acting AITs	Review provisions related to Acting AITs for consistency with DSS regulations	<input type="checkbox"/> Board and DSS to collaborate to ensure consistency of regulations and processes related to acting AITs serving as Acting Administrators of record
AIT Training Facility Requirements	Clarifications regarding training facility where AIT conducted to promote comprehensive training and public safety	<input type="checkbox"/> Board to consider changes to regulations related to training facility requirements <ul style="list-style-type: none"> <input type="checkbox"/> Consider whether there should be a minimum size or bed capacity at the training facility, or in the alternative, consider whether a percentage of training hours must be conducted at a comprehensive care facility <input type="checkbox"/> Clarify that training for AL must occur at assisted living facility licensed by DSS that is not a residential-only AL facility <input type="checkbox"/> Consider provision that Acting AIT cannot be conducted at applicant’s own new/conditionally licensed facility
AIT Reporting Requirements	Improve reporting process for AITs	<input type="checkbox"/> Board to conduct ongoing review of reports for content to ensure reports accurately capture training experience and learning of AIT <ul style="list-style-type: none"> <input type="checkbox"/> Board to consider adoption of guidance document to use NAB training manual as basis for training <input type="checkbox"/> Board to increase awareness among AITs and preceptors of expectations related to reporting process
AIT Preparation and Training	Preparation for AITs for the examinations required for licensure	<input type="checkbox"/> Board to collaborate with provider associations and stakeholders regarding review course based upon NAB standard for 80-hour course; consider course hours to count as credit toward AIT training hours
	Improve/Increase mental health and dementia/ Alzheimer’s training for AITs and Administrators	<input type="checkbox"/> Board to consider incorporation of additional training related to mental health and dementia/Alzheimer’s related needs of residents <ul style="list-style-type: none"> <input type="checkbox"/> Board to collaborate with provider organizations, DSS, and other stakeholders related to implementing additional mental health training for administrators

Unapproved
VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
SPECIAL CONFERENCE COMMITTEE
MINUTES

October 30, 2019

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

A Special Conference Committee of the Board was called to order at 10:14 a.m.

MEMBERS PRESENT:

Derrick Kendall, NHA Chair
Marj Pantone, ALFA

DHP STAFF PRESENT:

Kelley Palmatier, Deputy Executive Director
Angela Pearson, Discipline Manager
David Kazzie, Adjudication Specialist

MATTER:

Scott S. Miller, ALFA
License Number: 1706001024
Case Number: 187450

DISCUSSION:

Mr. Miller did not appear before the Committee in accordance with the Board's Notice of Informal Conference, dated June 11, 2019 and he was not represented by counsel.

The Board issued an Amended Notice of Informal Conference on June 11, 2019, to notify Mr. Miller that an Informal Conference would be held on July 31, 2019. A request to continue was approved and a letter dated September 11, 2019 was sent to notify Mr. Miller that the Informal Conference was rescheduled and would be held on October 30, 2019. Both Notices were sent by certified and first class mail. The certified mail was returned unclaimed on October 3, 2019.

The Committee fully discussed the allegations as referenced in the June 11, 2019, Notice of Informal Conference.

CLOSED SESSION:

Upon a motion by Marj Pantone, and duly seconded by Derrick Kendall, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Scott Miller, ALFA. Additionally, she moved that Ms. Palmatier and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Marj Pantone and duly seconded by Derrick Kendall, the Committee voted to refer this matter to a Formal Administrative Hearing. The motion carried.

ADJOURNMENT:

The Committee adjourned at 10:26 a.m.

Derrick Kendall, NHA Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



Staff Reports

	114- Long Term Care Administrators
Board Cash Balance as June 30, 2019	\$ 44,674
YTD FY20 Revenue	44,410
Less: YTD FY20 Direct and Allocated Expenditures	163,331
Board Cash Balance as October 31, 2019	\$ (74,247)

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2019 and Ending October 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over)		% of Budget
				Budget		
4002400	Fee Revenue					
4002401	Application Fee	35,575.00	86,355.00	50,780.00		41.20%
4002406	License & Renewal Fee	6,545.00	468,485.00	461,940.00		1.40%
4002407	Dup. License Certificate Fee	100.00	175.00	75.00		57.14%
4002409	Board Endorsement - Out	735.00	1,925.00	1,190.00		38.18%
4002421	Monetary Penalty & Late Fees	1,455.00	11,030.00	9,575.00		13.19%
	Total Fee Revenue	<u>44,410.00</u>	<u>567,970.00</u>	<u>523,560.00</u>		<u>7.82%</u>
	Total Revenue	<u>44,410.00</u>	<u>567,970.00</u>	<u>523,560.00</u>		<u>7.82%</u>
5011110	Employer Retirement Contrib.	3,142.11	10,529.00	7,386.89		29.84%
5011120	Fed Old-Age Ins- Sal St Emp	1,802.05	5,958.00	4,155.95		30.25%
5011130	Fed Old-Age Ins- Wage Earners	-	513.00	513.00		0.00%
5011140	Group Insurance	319.49	1,021.00	701.51		31.29%
5011150	Medical/Hospitalization Ins.	5,782.70	24,315.00	18,532.30		23.78%
5011160	Retiree Medical/Hospitalizatn	285.30	912.00	626.70		31.28%
5011170	Long term Disability Ins	151.25	483.00	331.75		31.31%
	Total Employee Benefits	<u>11,482.90</u>	<u>43,731.00</u>	<u>32,248.10</u>		<u>26.26%</u>
5011200	Salaries					
5011230	Salaries, Classified	24,465.06	77,873.00	53,407.94		31.42%
5011250	Salaries, Overtime	353.99	-	(353.99)		0.00%
	Total Salaries	<u>24,819.05</u>	<u>77,873.00</u>	<u>53,053.95</u>		<u>31.87%</u>
5011300	Special Payments					
5011340	Specified Per Diem Payment	600.00	2,650.00	2,050.00		22.64%
5011380	Deferred Compnstn Match Pmts	12.00	720.00	708.00		1.67%
	Total Special Payments	<u>612.00</u>	<u>3,370.00</u>	<u>2,758.00</u>		<u>18.16%</u>
5011400	Wages					
5011410	Wages, General	-	6,699.00	6,699.00		0.00%
	Total Wages	<u>-</u>	<u>6,699.00</u>	<u>6,699.00</u>		<u>0.00%</u>
5011600	Terminatn Personal Svce Costs					
5011660	Defined Contribution Match - Hy	155.14	-	(155.14)		0.00%
	Total Terminatn Personal Svce Costs	<u>155.14</u>	<u>-</u>	<u>(155.14)</u>		<u>0.00%</u>
5011930	Turnover/Vacancy Benefits					
	Total Personal Services	<u>37,069.09</u>	<u>131,673.00</u>	<u>94,603.91</u>		<u>28.15%</u>
5012000	Contractual Svs					
5012100	Communication Services					
5012110	Express Services	-	142.00	142.00		0.00%
5012140	Postal Services	469.19	1,300.00	830.81		36.09%
5012150	Printing Services	3.87	500.00	496.13		0.77%
5012160	Telecommunications Svcs (VITA)	71.19	1,320.00	1,248.81		5.39%
5012190	Inbound Freight Services	34.75	-	(34.75)		0.00%
	Total Communication Services	<u>579.00</u>	<u>3,262.00</u>	<u>2,683.00</u>		<u>17.75%</u>
5012200	Employee Development Services					
5012210	Organization Memberships	-	1,500.00	1,500.00		0.00%
	Total Employee Development Services	<u>-</u>	<u>1,500.00</u>	<u>1,500.00</u>		<u>0.00%</u>
5012300	Health Services					

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2019 and Ending October 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5012360	X-ray and Laboratory Services	-	110.00	110.00	0.00%
	Total Health Services	-	110.00	110.00	0.00%
5012400	Mgmt and Informational Svcs	-			
5012420	Fiscal Services	631.46	7,990.00	7,358.54	7.90%
5012440	Management Services	72.53	6.00	(66.53)	1208.83%
5012470	Legal Services	24.30	500.00	475.70	4.86%
	Total Mgmt and Informational Svcs	728.29	8,496.00	7,767.71	8.57%
5012500	Repair and Maintenance Svcs				
5012520	Electrical Repair & Maint Srvc	-	17.00	17.00	0.00%
5012530	Equipment Repair & Maint Srvc	-	500.00	500.00	0.00%
	Total Repair and Maintenance Svcs	-	517.00	517.00	0.00%
5012600	Support Services				
5012630	Clerical Services	-	27.00	27.00	0.00%
5012640	Food & Dietary Services	24.62	783.00	758.38	3.14%
5012660	Manual Labor Services	187.88	1,182.00	994.12	15.90%
5012670	Production Services	1,032.20	2,960.00	1,927.80	34.87%
5012680	Skilled Services	1,116.68	1,408.00	291.32	79.31%
	Total Support Services	2,361.38	6,360.00	3,998.62	37.13%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,100.49	2,680.00	1,579.51	41.06%
5012850	Travel, Subsistence & Lodging	115.50	500.00	384.50	23.10%
5012880	Trvl, Meal Reimb- Not Rprtble	62.25	400.00	337.75	15.56%
	Total Transportation Services	1,278.24	3,580.00	2,301.76	35.71%
	Total Contractual Svcs	4,946.91	23,825.00	18,878.09	20.76%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	538.49	1,200.00	661.51	44.87%
5013130	Stationery and Forms	23.11	100.00	76.89	23.11%
	Total Administrative Supplies	561.60	1,300.00	738.40	43.20%
5013500	Repair and Maint. Supplies				
5013530	Electrcal Repair & Maint Matr	-	2.00	2.00	0.00%
	Total Repair and Maint. Supplies	-	2.00	2.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	81.00	81.00	0.00%
5013630	Food Service Supplies	30.51	-	(30.51)	0.00%
	Total Residential Supplies	30.51	81.00	50.49	37.67%
	Total Supplies And Materials	592.11	1,383.00	790.89	42.81%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	-	300.00	300.00	0.00%
	Total Awards, Contrib., and Claims	-	300.00	300.00	0.00%
	Total Transfer Payments	-	300.00	300.00	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2019 and Ending October 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5015160	Property Insurance	28.96	25.00	(3.96)	115.84%
	Total Insurance-Fixed Assets	28.96	25.00	(3.96)	115.84%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	4.35	-	(4.35)	0.00%
5015350	Building Rentals	2.40	-	(2.40)	0.00%
5015390	Building Rentals - Non State	1,584.63	5,148.00	3,563.37	30.78%
	Total Operating Lease Payments	1,591.38	5,148.00	3,556.62	30.91%
5015500	Insurance-Operations				
5015510	General Liability Insurance	103.96	91.00	(12.96)	114.24%
5015540	Surety Bonds	6.13	6.00	(0.13)	102.17%
	Total Insurance-Operations	110.09	97.00	(13.09)	113.49%
	Total Continuous Charges	1,730.43	5,270.00	3,539.57	32.84%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	36.00	36.00	0.00%
	Total Educational & Cultural Equip	-	36.00	36.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	17.00	17.00	0.00%
5022640	Office Machines	-	100.00	100.00	0.00%
	Total Office Equipment	-	117.00	117.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	5.28	-	(5.28)	0.00%
	Total Specific Use Equipment	5.28	-	(5.28)	0.00%
	Total Equipment	5.28	153.00	147.72	3.45%
	Total Expenditures	44,343.82	162,604.00	118,260.18	27.27%
Allocated Expenditures					
20600	Funeral\LTCA\PT	37,501.62	95,801.10	58,299.48	39.15%
30100	Data Center	18,036.89	93,637.97	75,601.08	19.26%
30200	Human Resources	5,386.01	5,215.58	(170.44)	103.27%
30300	Finance	8,760.49	25,486.13	16,725.64	34.37%
30400	Director's Office	2,995.47	10,178.52	7,183.06	29.43%
30500	Enforcement	39,790.07	162,359.14	122,569.07	24.51%
30600	Administrative Proceedings	2,792.83	53,528.38	50,735.55	5.22%
30700	Impaired Practitioners	83.02	-	(83.02)	0.00%
30800	Attorney General	-	23,796.63	23,796.63	0.00%
30900	Board of Health Professions	2,280.68	7,406.36	5,125.68	30.79%
31100	Maintenance and Repairs	-	609.39	609.39	0.00%
31300	Emp. Recognition Program	1.70	236.01	234.31	0.72%
31400	Conference Center	14.38	146.04	131.67	9.84%
31500	Pgm Devlpmnt & Implmntn	1,344.01	4,356.09	3,012.07	30.85%
	Total Allocated Expenditures	118,987.18	482,757.34	363,770.16	24.65%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (118,921.00)	\$ (77,391.34)	\$ 41,529.66	153.66%

Long-Term Care Administrators Monthly Snapshot for October 2019

Long-Term Care Administrators has closed more cases in October than received cases. Long-Term Care Administrators has closed 7 patient care cases and 2 non-patient care cases for a total of 9 cases.

Cases Closed	
Patient Care	7
Non Patient Care	2
Total	9

The department has received 3 patient care cases and 2 non-patient care cases for a total of 5 cases.¹

Cases Received	
Patient Care	3
Non Patient Care	2
Total	5

As of October 31, 2019, there are 77 Patient care cases open and 17 non-patient care cases open for a total of 94 cases.

Cases Open	
Patient Care	77
Non Patient Care	17
Total	94

There are **2236** Long-Term Care Administrators licensees as of November 1, 2019. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Acting ALF-Administrator-In-Training	5
ALF-Administrator-In-Training	99
Assisted Living Facility Administrator	666
Assisted Living Facility Preceptor	210
NH-Administrator-in-Training	75
Nursing Home Administrator	952
Nursing Home Preceptor	229
Total for Long-Term Care Administrators	2236

There were 28 licenses issued for Long-Term Care Administrators for the month of October. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Acting ALF-Administrator-In-Training	1

¹ The cases received and cases closed figures exclude Compliance Tracking Cases

ALF-Administrator-In-Training	5
Assisted Living Facility Administrator	6
NH-Administrator-in-Training	3
Nursing Home Administrator	13
Total for Long Term Care Administrators	28

Healthcare Workforce Data Center Digital Digest

Occupational Surveys / Trend Reports / Regional & State Careforce Snapshots / Occasional Papers for and about Virginia's Healthcare Workforce.
Providing timely, high quality healthcare workforce data to inform healthcare workforce planning in Virginia.

November 2019 Volume II, Number II

This edition of the Digital Digest spotlights the workforce habits and preferences of Assisted Living Facility Administrators and Nursing Home Administrators. Licensees of the Board of Long-Term Care Administrators, employers, job seekers and students will find this issue of interest.

Median Income



In 2019, the median income for Virginia's ALFAs was \$70k-\$80k while the income for NHAs was \$110k-\$120k.

84% of ALFAs and 96% of NHAs received paid vacation time as an employer-sponsored benefit.

Assisted Living Facility Administrators

In 2019 there were 688 **Assisted Living Facility Administrators** (ALFAs) in Virginia. Of that number, 645 were in the workforce and produced 742 FTEs. This workforce was 80% female, with 74% of them under the age of 40. Ninety percent of the workforce were employed, with 83% holding one full-time job. 94% of ALFAs reported being satisfied with their current employment situation.

Nursing Home Administrators

In 2019 there were 945 **Nursing Home Administrators** (NHAs) in Virginia. Of that number, 743 were in the workforce and produced 823 FTEs. This workforce was 57% female, with 54% of them under the age of 40. Eighty-six percent of the workforce were employed, with 86% holding one full-time job. 94% of NHAs reported being satisfied with their current employment situation.

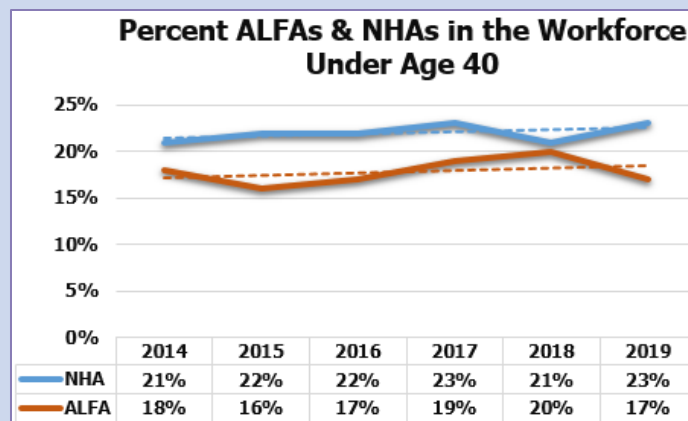
HWDC Products

[Workforce Specific Profession Reports](#)

[Student Choice](#)

[Workforce Briefs](#)

ALFA & NHA Workforce - Under Age 40



Under 40

- ALFA – 18%
- NHA – 23%

Under 40 with Education Debt

- ALFA – 56%
- NHA – 50%

Under 40 Median Education Debt

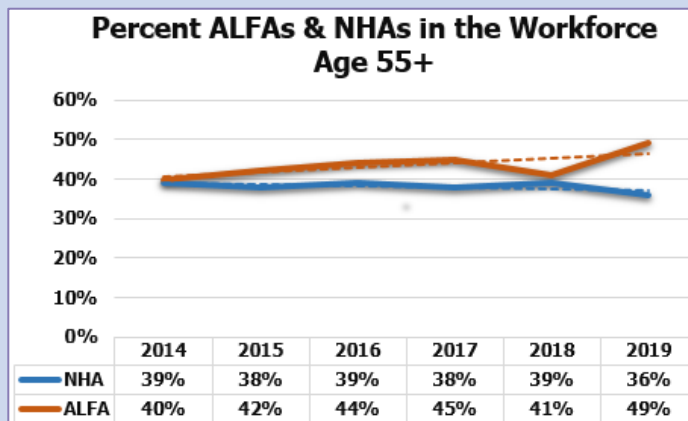
- ALFA – \$30k-\$40k
- NHA – \$30k-\$40k

Healthcare Occupational Roadmap



The Roadmap contains useful information for guidance counselors, educators, job-seekers and more.

ALFA & NHA Workforce - Age 55+



55 and Older

- ALFA – 41%
- NHA – 35%

Retire Before Age 65

- ALFA – 27%
- NHA – 34%

Employer-Sponsored Retirement Benefits

- ALFA – 51%
- NHA – 79%

Follow us on:



*Additional HWDC **Long-Term Care Administrator** reports may be found on our website.

Online: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Email: hwdc@dhp.virginia.gov Telephone: (804) 367-2115

Legislative and Regulatory Report

Agenda Item: Review of Guidance Document

Included in your agenda package:

Current version of:

95-1, Memorandum of Understanding with the Virginia Department of Health, Division of Licensure and Certification, revised July 7, 2011

Revised version of 95-1

Board action: Revise the MOU as drafted and presented on the agenda

Memorandum of Understanding
between
**The Virginia Department of Health
Office of Licensure and Certification**
and
**The Virginia Department of Health Professions
The Board of Long-Term Care Administrators**

This is a general memorandum of understanding between the Virginia Department of Health, Office of Licensure and Certification and the Virginia Department of Health Professions, Board of Long-Term Care Administrators.

PURPOSE

The purpose of the memorandum is to establish methods for exchange of information that will maximize cooperation between two regulatory authorities in promoting the delivery of quality care and effectively ensuring protection of the health, safety and welfare of residents of nursing homes and other long term care facilities.

AUTHORITY

The statutory authority for the Virginia Department of Health, Office of Licensure and Certification is found in Articles 1 and 2, Chapter 5, Title 32.1 of the Code of Virginia.

The statutory authority for the Virginia Department of Health Professions is found in Chapters 1, 24 and 25 of Title 54.1 of the Code of Virginia.

The statutory authority for the Virginia Board of Long-Term Care Administrators is found in Chapter 31 of Title 54.1 of the Code of Virginia.

UNDERSTANDING

The Director, Office of Licensure and Certification agrees to provide the Executive Director, Board of Long-Term Care Administrators with the following information:

1. A copy of any written notification from the State Health Commissioner to any licensed nursing home of the Department's intent to take adverse action that will limit, restrict or prohibit nursing home operations, including but not limited to, actions to restrict new admissions or to suspend or revoke a license. The information transmitted will include documentation that caused action by the Commissioner.

2. A copy of any written notification from the Director of the Office of Licensure and Certification to any licensed nursing home of the intent of the Centers for Medicare & Medicaid Services (CMS) or the Department of Medical Assistance Services (DMAS) to take adverse action that will limit or prohibit certification under the Medicare and/or Medicaid program, including but not limited to substandard quality of care, restriction on new admissions, or involuntary termination. The information transmitted will include a copy of the survey findings that caused such action.
3. All pertinent information pertaining to the long term care facility during the administrator's tenure at the facility, upon receipt of a complaint or upon initiation of an investigation by the Department of Health Professions.
4. Any information and documentation the Director deems necessary to refer to the Board of Long-Term Care Administrators for review on any specific licensed nursing home or Medicare/Medicaid certified long-term care facility that has a history of recurring violations or confirmed complaints.
5. Technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

The Executive Director of the Board of Long-Term Care Administrators (Department of Health Professions) will provide the Office of Licensure and Certification (Department of Health) with the following:

1. Written notification of suspension, revocation or voluntary surrender of an individual's Nursing Home Administrator license.
2. Documentation of findings of any complaint or other investigation of a Long Term Care Administrator conducted by the Department of Health Professions that affects the delivery of patient care in a specific nursing home.
3. Technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

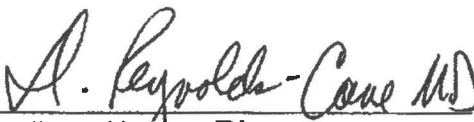
Both agencies further agree to periodically review the contents of this memorandum at least every four years and reserve the right to request revisions. The memorandum shall take effect on the latest date it is signed by designated representatives of both agencies. Both agencies reserve the right to cancel the memorandum after giving 60 days written notice to the other agency.



Dr. Karen Remley
State Health Commissioner

7/29/11

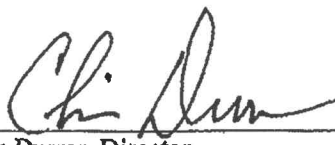
Date



Dr. Dianne Reynolds-Cane, Director
Department of Health Professions

7-6-11

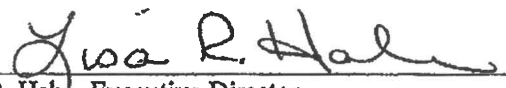
Date



Chris Durrer, Director
Office of Licensure & Certification
Virginia Department of Health

July 8, 2011

Date



Lisa R. Hahn, Executive Director
Board of Long-Term Care Administrators

7.6.11

Date

(3)

Memorandum of Understanding
between
The Virginia Department of Health
Office of Licensure and Certification
and
The Virginia Department of Health Professions
Board of Long-Term Care Administrators

This is a general memorandum of understanding between the Virginia Department of Health (VDH), Office of Licensure and Certification (OLC), the Virginia Department of Health Professions (DHP), and the Board of Long-Term Care Administrators (BLTCA).

PURPOSE

The purpose of this memorandum is to establish methods for the exchange of information that will maximize cooperation between the parties in promoting the delivery of quality care to the public and effectively ensuring protection of the health, safety and welfare of residents of nursing homes and other long term care facilities.

AUTHORITY

The statutory authority for the VDH is found in Articles 3 and 4, Chapter 1, of Title 32.1 of the Code of Virginia.

The statutory authority for the VDH OLC is found in Articles 1 and 2, Chapter 5, of Title 32.1 of the Code of Virginia.

The statutory authority for the DHP is found in Chapters 1, 24 and 25 of Title 54.1 of the Code of Virginia.

The statutory authority for the BLTCA is found in Chapter 31 of Title 54.1 of the Code of Virginia.

UNDERSTANDING

The OLC Director agrees to provide the Executive Director of the BLTCA with the following information:

1. A copy of any written notification from the State Health Commissioner to any licensed nursing home of the VDH's intent to take adverse action that will limit, restrict or prohibit nursing home operations, including but not limited to, actions to restrict new admissions or to suspend or revoke a license. The information transmitted will include documentation that caused action by the Commissioner.
2. A copy of any written notification from the OLC Director to any licensed nursing home of the intent of the Centers for Medicare & Medicaid Services or the Department of Medical Assistance Services to take adverse action that will limit or prohibit certification under the

Medicare/Medicaid program, including but not limited to substandard quality of care, restriction on new admissions, or involuntary termination. The information transmitted will include a copy of the survey findings that caused such action.

3. As requested, all survey reports with an accepted Plan of Correction pertaining to any licensed nursing home or Medicare/Medicaid certified long-term care facility.
4. Technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

The Executive Director of the BLTCA, in coordination with the Director of DHP consistent with Virginia Code § 54.1-2400.2(F), will provide the OLC Director with the following:

1. Written notification of any suspension, revocation or voluntary surrender of a nursing home administrator's license.
2. In accordance with Virginia Code § 54.1-2400.2(F), documentation of findings of any complaint or other investigation of a long-term care administrator conducted by the DHP that affects the delivery of patient care in a specific nursing home.
3. Technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

Both agencies further agree to periodically review the contents of this memorandum at least every four (4) years and reserve the right to request revisions. The memorandum shall take effect on the latest date it is signed by designated representatives of both agencies and the Executive Director of the BLTCA. All parties reserve the right to cancel the memorandum after giving 60 days written notice to the other parties.

Kimberly Beazley, Acting Director
Office of Licensure and Certification
Virginia Department of Health

Corie E. Tillman Wolf, J.D., Executive
Board of Long-Term Care Administrators
Virginia Department of Health Professions

Date

Date

M. Norman Oliver, M.D., M.A.
State Health Commissioner
Virginia Department of Health

David E. Brown, D.C., Director
Virginia Department of Health Professions

Date

Date

Agenda Item: Consideration of Adoption of Regulations for Delegation to an agency subordinate

Staff Note:

Included in your package are:

Draft Regulations for Delegation

Recommended Action:

Motion to adopt new Chapter 15 for the Board (would apply to NHA and ALF) by a fast-track action.

DRAFT for Regulations Governing Delegation to an Agency Subordinate

18VAC95-15-10. Decision to delegate.

In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

18VAC95-15-20. Criteria for delegation.

Cases that may not be delegated to an agency subordinate include violations of standards of care, except as may otherwise be determined by the executive director in consultation with the board chair.

18VAC95-15-30. Criteria for an agency subordinate.

- A. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or former board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.
- B. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.
- C. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

§ 54.1-2400. General powers and duties of health regulatory boards.

The general powers and duties of health regulatory boards shall be:

10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated. **This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019, upon receipt of information that a practitioner may be subject to a disciplinary action. The recommendation of such subordinate may be considered by a panel consisting of at least five board members, or, if a quorum of the board is less than five members, consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.**

Board of Long-Term Care Administrators

Full Board Meeting – December 17, 2019

Additional Meeting Materials

1. Excerpts from September 27, 2019 Full Board Meeting minutes; Attachment A - RAP Considerations for Board of Long-Term Care Administrators
2. Summary of Virginia Regulations for ALFA and NHA AIT Programs – Initial Qualifications, Training Hours and Requirements
3. State Comparisons - Residential Care/Assisted Living (RC/AL) and Nursing Home Administration – Minimum Qualifications and AIT Requirements
4. Current Continuing Education Requirements – 18VAC95-20-175 and 18VAC95-30-70
5. DSS Regulation – 22VAC40-73-140. Administrator Qualifications.
6. Va. Code §§ 63.2-1720 and 19.2-392.02
7. 18VAC95-30-210 – Unprofessional Conduct (Assisted Living Facility Administrators).

Regulatory Advisory Panel Report

Ms. Pantone provided a report on the Regulatory Advisory Panel (“RAP”) meetings held on April 26, 2019 and July 19, 2019. She noted the minutes for both meetings are contained in the agenda packets.

Mr. Davis requested that the Board members take the next agenda item out of order to provide additional time for the Board to discuss the considerations of the RAP during a working lunch.

LEGISLATIVE AND REGULATORY ACTIONS – Elaine Yeatts, Senior Policy Analyst

Petitions for Rule-making (Simmons)



Ms. Yeatts reviewed the Petitions for Rule-making submitted and requested discussion by the Board members.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Pantone, the Board voted to take no action at this time on the petitioner’s request to allow for more than 40 hours of work per week to count towards the AIT program, but to include the topic for review by the Board with the RAP considerations. The motion passed unanimously.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Hunt, the Board voted to take no action at this time on the petitioner’s request to allow training hours from an Assisted Living AIT program to count towards a Nursing Home AIT program, but to include the topic for review by the Board with the RAP considerations. The motion passed unanimously.

Adoption of Fast Track Regulation Related to Handling Fee for Dishonored/Returned Checks or Payments

Ms. Yeatts provided an overview of the handling fee for dishonored/returned checks or payments.

Upon a **MOTION** by Ms. Pantone, and properly seconded by Mr. Kendall, the Board voted to adopt the Fast Track Regulation Related to Handling Fee for Dishonored/Returned Checks or Payments as presented. The motion passed unanimously.

BREAK

The Board recessed at 12:11 p.m. to allow for a working lunch. The Board reconvened at 12:22 p.m.

DISCUSSION AND POSSIBLE BOARD ACTION

Considerations/Recommendations of Regulatory Advisory Panel



Ms. Pantone and Ms. Tillman Wolf provided an overview of the specific areas of considerations (Area 1-7 Attachment A) and recommendations discussed at the RAP meetings for consideration by the Board. Ms. Tillman Wolf provided an overview of possible Board actions for each area, including areas for support or collaboration and for possible regulatory action by the Board.

Following Board discussion, Ms. Yeatts clarified the possible regulation changes for consideration include:

- (1) Continuing education hours for preceptors;
- (2) Addition of a minimum hour requirement for face-to-face instruction for AITs (not just Acting AITs) or other on-site requirements;
- (3) Creation of an alternative pathway to qualification for an AIT program that may include an eighty-hour course and previous experience in a managerial or supervisory role in healthcare;
- (4) Amendments to the current requirement for 30 hours of post-secondary education in any subject to require specific hours in business or human services to mirror current DSS regulations for residential facility administrators;
- (5) Clarification or modification of AIT training facility requirements, to include consideration of the bed size or type of facility for AIT hours and licensure status of the facility (e.g., not residential only; provisional for Acting AIT who owns the facility);
- (6) Use of NAB manual as a basis or model for training;
- (7) Completion of an eighty-hour NAB training course, with consideration of requirement for all assisted living AITs and with possible credit toward AIT hours; and
- (8) Training and/or continuing education hours related to mental health or dementia for AITs and licensees.

Upon a **MOTION** by Mr. Kendall, which was properly seconded by Ms. Pantone, the Board voted to support the considerations as presented in concept, and consider initiation of regulatory action through a NOIRA at the next full board meeting to allow sufficient time to research additional information and draft possible language for consideration by the Board. The motion passed unanimously.

Upon a **MOTION** by Ms. Pantone, which was properly seconded by Ms. Hunt, the Board voted to support continued collaboration on the proposed items discussed that are non-regulatory actions. The motion passed unanimously.

NEXT MEETING

Mr. Davis announced the next full Board meeting will be held on December 17, 2019.

ADJOURNMENT

With all business concluded, the meeting adjourned at 1:12 p.m.

Mitchell P. Davis, NHA, Chair

Corie Tillman Wolf, J.D., Executive Director

Date

Date

**Regulatory Advisory Panel – Administrators-in-Training
Considerations for the Board of Long-Term Care Administrators**

Area	Concern	Proposed Action Items for Consideration
Workforce Development	How to interest individuals in administration as a career	<ul style="list-style-type: none"> <input type="checkbox"/> DHP’s Healthcare Workforce Data Center to continue to disseminate Occupational Roadmap to community colleges, schools, and will reach out to the Virginia Healthcare Workforce Authority to share resources <input type="checkbox"/> Provider associations to share Occupational Roadmap on their websites <input type="checkbox"/> Provider associations to build relationships with schools to increase exposure to administration as a career
	Development of academic programs as pipeline for building career administrators	<ul style="list-style-type: none"> <input type="checkbox"/> NAB and National provider associations to continue to collaborate with academic programs to implement recommendations of Vision 2025 Summit, including recommendations to encourage investment in administration as a profession and career path; to encourage investment in/funding for/support of AIT training programs; to develop a common branding, terminology, and messaging for the profession; to study the supply/demand of administrators through NAB foundation and academic program; to establish a comprehensive core curriculum of study in long-term care administration
	Building leadership talent through education and investment, including investment in AIT training	<ul style="list-style-type: none"> <input type="checkbox"/> NAB and National provider associations to collaborate to promote leadership training, as well as financial support of/investment in AIT programs and internships
Preceptor Development and Engagement	Preceptor Directory – updates and utilization	<ul style="list-style-type: none"> <input type="checkbox"/> Board to encourage currently-listed preceptors to (1) update current information and (2) encourage additional preceptors to include information together with any restrictions they may have on their ability to oversee training (e.g. internal only) <input type="checkbox"/> Board to collaborate with provider associations to continue to “get the word out” about the availability of voluntary resource <input type="checkbox"/> Board to collaborate with provider associations to look at resources for matching preceptors and AITs
	Increasing engagement of/availability of preceptors in the AIT training process	<ul style="list-style-type: none"> <input type="checkbox"/> Board to consider change to regulations to permit preceptors to earn CE credit for supervising an AIT program <input type="checkbox"/> Board to collaborate with provider organizations and stakeholders to provide resources and additional training to preceptors <input type="checkbox"/> Board and provider associations to encourage use of NAB preceptor training modules beyond requirements related to initial registration/reinstatement
	Ensuring active involvement of preceptors in the training process	<ul style="list-style-type: none"> <input type="checkbox"/> Board to consider adequate training and oversight of AIT by preceptors when preceptor may not be on-site by reviewing minimum amount of face-to-face time for all AITs (not just Acting AITs) <input type="checkbox"/> Board to consider on-site requirements for preceptors

Area	Concern	Proposed Action Items for Consideration
AIT – Pathways to Registration – Education and Experience	Additional pathway for ALFA AIT based upon experience and/or other relevant educational requirements	<input type="checkbox"/> Board to consider change to regulations to add another pathway to registration for AIT training based upon experience in the long-term care setting (example of at least 2-3 years in managerial or supervisory role within long-term care setting), combined with 80-hour training requirement as prerequisite (NAB provides third party certification of 80 hour program based upon NAB curriculum standards and Domains of Practice); 80 hour program through provider association (not-for-profit) or academic program for implementation of 80-hour training program
	Current requirement for 30 hours of education “in any subject” as basis for approval of applicant to begin ALFA AIT	<input type="checkbox"/> Board to consider change to regulations to strengthen current minimum educational pathway to create link between 30 hours of coursework with coursework related to business and/or health services similar to requirement for residential-only administrators of record per DSS regulations (22VAC40-73-140)
Acting AITs	Review provisions related to Acting AITs for consistency with DSS regulations	<input type="checkbox"/> Board and DSS to collaborate to ensure consistency of regulations and processes related to acting AITs serving as Acting Administrators of record
AIT Training Facility Requirements	Clarifications regarding training facility where AIT conducted to promote comprehensive training and public safety	<input type="checkbox"/> Board to consider changes to regulations related to training facility requirements <ul style="list-style-type: none"> <input type="checkbox"/> Consider whether there should be a minimum size or bed capacity at the training facility, or in the alternative, consider whether a percentage of training hours must be conducted at a comprehensive care facility <input type="checkbox"/> Clarify that training for AL must occur at assisted living facility licensed by DSS that is not a residential-only AL facility <input type="checkbox"/> Consider provision that Acting AIT cannot be conducted at applicant’s own new/conditionally licensed facility
AIT Reporting Requirements	Improve reporting process for AITs	<input type="checkbox"/> Board to conduct ongoing review of reports for content to ensure reports accurately capture training experience and learning of AIT <ul style="list-style-type: none"> <input type="checkbox"/> Board to consider adoption of guidance document to use NAB training manual as basis for training <input type="checkbox"/> Board to increase awareness among AITs and preceptors of expectations related to reporting process
AIT Preparation and Training	Preparation for AITs for the examinations required for licensure	<input type="checkbox"/> Board to collaborate with provider associations and stakeholders regarding review course based upon NAB standard for 80-hour course; consider course hours to count as credit toward AIT training hours
	Improve/Increase mental health and dementia/ Alzheimer’s training for AITs and Administrators	<input type="checkbox"/> Board to consider incorporation of additional training related to mental health and dementia/Alzheimer’s related needs of residents <ul style="list-style-type: none"> <input type="checkbox"/> Board to collaborate with provider organizations, DSS, and other stakeholders related to implementing additional mental health training for administrators

Assisted Living Facility Administrator – AIT Program – Initial Qualifications, Training Hours and Requirements

Administrator in Training Qualifications	18VAC95-30-140	<p>Application Requirements:</p> <p>To be approved as an ALF administrator-in-training, a person shall:</p> <ol style="list-style-type: none"> 1. Meet the requirements of 18VAC95-30-100 A 1; (Educational requirements) 2. Obtain a registered preceptor to provide training; 3. Submit the application and Domains of Practice form provided by the board and the fee prescribed in 18VAC95-30-40; and 4. Submit additional documentation as may be necessary to determine eligibility of the applicant and the number of hours required for the ALF AIT program.
	18VAC95-30-100(A)	<p>Educational and Training Requirements</p> <p>To be qualified for initial licensure as an assisted living facility administrator, an applicant shall hold a high school diploma or general education diploma (GED) and hold one of the following qualifications:</p> <ol style="list-style-type: none"> 1. Administrator-in-training program (*See hours calculation below, with baseline education as completion of at least 30 semester hours in an accredited college or university in any subject) 2. Certificate Program (with 320 hour practicum/internship) 3. Degree and Practical Experience (with 320 hour practicum/internship)
Preceptor Qualifications	18VAC95-30-180(B)	<p>To be registered by the board as a preceptor, a person shall:</p> <ol style="list-style-type: none"> 1. Hold a current, unrestricted Virginia assisted living facility administrator or nursing home administrator license; 2. Be employed full time as an administrator in a training facility for a minimum of two of the past four years immediately prior to registration or be a regional administrator with on-site supervisory responsibilities for a training facility; 3. Provide evidence that he has completed the online preceptor training course offered by NAB; and 4. Submit an application and fee as prescribed in 18VAC95-30-40. The board may waive such application and fee for a person who is already approved as a preceptor for nursing home licensure.
	18VAC95-30-180(F)	<p>To renew registration as a preceptor, a person shall:</p> <ol style="list-style-type: none"> 1. Hold a current, unrestricted Virginia assisted living facility or nursing home license and be employed by or have an agreement with a training facility for a preceptorship; and 2. Meet the renewal requirements of 18VAC95-30-60 (renewal fee and form by 3/31)
Training Facility Qualifications	18VAC95-30-170(A)	<p>Training in an ALF AIT program or for an internship shall be conducted only in:</p> <ol style="list-style-type: none"> 1. An assisted living facility or unit licensed by the Virginia Board of Social Services or by a similar licensing body in another jurisdiction; 2. An assisted living facility owned or operated by an agency of any city, county, or the Commonwealth or of the United States government; or

		3. An assisted living unit located in and operated by a licensed hospital as defined in § 32.1-123 of the Code of Virginia, a state-operated hospital, or a hospital licensed in another jurisdiction.	
	18VAC95-30-170(B)	A new ALF AIT program or internship shall not be conducted in a facility with a provisional license as determined by DSS	
Required Length of Training	18VAC95-30-100(A)(1)(a)	Education - Complete at least 30 semester hours in an accredited college or university in any subject	640 total hours
	18VAC95-30-100(A)(1)(b)	Education - Complete an educational program as a licensed practical nurse and hold a current, unrestricted license or multistate licensure privilege	640 total hours
	18VAC95-30-100(A)(1)(c)	Education- Complete an educational program as a registered nurse and hold a current, unrestricted license or multistate licensure privilege	480 total hours
	18VAC95-30-100(A)(1)(d)	Education - Complete at least 30 semester hours in an accredited college or university with courses in the content areas of (i) client/resident care, (ii) human resources management, (iii) financial management, (iv) physical environment, and (v) leadership and governance	480 total hours
	18VAC95-30-100(A)(1)(e)	Education - Hold a master's or a baccalaureate degree in health care-related field or a comparable field that meets the requirements of subsection B of this section with no internship or practicum	320 total hours
	18VAC95-30-100(A)(1)(f)	Education - Hold a master's or baccalaureate degree in an unrelated field	480 total hours
	18VAC95-30-150(B)(1), (2)	Prior work experience - An applicant who has been employed full time for one of the past four years immediately prior to application as an assistant administrator in a licensed assisted living facility or nursing home or as a hospital administrator	320 total hours
	18VAC95-30-150(B)(2)	Prior work experience - An applicant who holds a license or a multistate licensure privilege as a registered nurse and who has held an administrative level supervisory position in nursing for at least one of the past four consecutive years in a licensed assisted living facility or nursing home	320 total hours
	18VAC95-30-150(B)(3)	Prior work experience - An applicant who holds a license or a multistate licensure privilege as a licensed practical nurse and who has held an administrative level supervisory position in nursing for at least one of the past four consecutive years in a licensed assisted living facility or nursing home	480 total hours
Training and Supervision Requirements	18VAC95-30-150(A)	The ALF AIT program shall consist of hours of continuous training...to be completed within 24 months.... An extension may be granted by the board on an individual case basis	
	18VAC95-30-160(A)	Prior to beginning an AIT program, the preceptor shall develop and submit a training plan for the AIT that addresses the Domains of Practice	
	December 1, 2009 Board Meeting	Restriction of the number of hours credited toward completion of the AIT program to 40 hours per week at a maximum	

	18VAC95-30-160(B)	An AIT shall be required to serve weekday, evening, night and weekend shifts to receive training in all areas of assisted living facility operation
	18VAC95-30-180(A)	Training shall be under the supervision of a preceptor who is registered or recognized by Virginia or a similar licensing board in another jurisdiction
	18VAC95-30-180(D)	A preceptor may supervise no more than two AIT's at any one time.
	18VAC95-30-180(C)	A preceptor shall: <ol style="list-style-type: none"> 1. Provide direct instruction, planning, and evaluation; 2. Be routinely present with the trainee in the training facility as appropriate to the experience and training of the ALF AIT and the needs of the residents in the facility; and 3. Continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.
Acting AIT Requirements	18VAC95-30-150(A)	A person in an ALF AIT program who has been approved by the board and is serving as an acting administrator shall complete the program within 150 days. An extension may be granted by the board on an individual case basis.
	18VAC95-30-190 (A)	For a person who is serving as an acting administrator while in an ALF AIT program, the preceptor shall include in the progress report evidence of face-to-face instruction and review for a minimum of two hours per week.
	18VAC95-30-201(A)	A person who is in an ALF AIT program while serving as an acting administrator pursuant to § 54.1-3103.1 of the Code of Virginia shall be identified on his nametag as an acting administrator-in-training.
	18VAC95-30-201(B)	The facility shall post the certificate issued by the board for the acting administrator and a copy of the license of the preceptor in a place conspicuous to the public.
Reporting Requirements	18VAC95-30-190	Monthly progress reports; accumulated reports submitted by preceptor within 30 days following completion of AIT
	18VAC95-30-200(A)	Program interruption – notify board within 10 working days and obtain a new preceptor who is registered with the board within 60 days; <ol style="list-style-type: none"> 1. Credit for training shall resume when a new preceptor is obtained and approved by the board. 2. If an alternate training plan is developed, it shall be submitted to the board for approval before the trainee resumes training.
	18VAC95-30-200(B)	Program termination - the trainee and the preceptor shall each submit a written explanation of the causes of program termination to the board within 10 business days. The preceptor shall also submit all required monthly progress reports completed prior to termination within 10 business days.

**For the full text of the regulations referenced, please visit: https://www.dhp.virginia.gov/nha/nha_laws_regs.htm

Nursing Home Administrator – AIT Program – Initial Qualifications, Training Hours and Requirements

Administrator in Training Qualifications	18VAC95-20-300(A)	<p>Application Requirements:</p> <p>To be approved as an administrator-in-training, a person shall:</p> <ol style="list-style-type: none"> 1. Have received a passing grade on a total of 60 semester hours of education from an accredited institution; 2. Obtain a registered preceptor to provide training; 3. Submit the fee prescribed in <u>18VAC95-20-80</u>; 4. Submit the application and Domains of Practice form provided by the board; and 5. Submit additional documentation as may be necessary to determine eligibility of the applicant and the number of hours required for the AIT program. 	
Preceptor Qualifications	18VAC95-20-380(A)	<p>To be registered by the board as a preceptor, a person shall:</p> <ol style="list-style-type: none"> 1. Hold a current, unrestricted Virginia nursing home administrator license and be employed full time as an administrator of record in a training facility for a minimum of two of the past three years immediately prior to registration; 2. Provide evidence that he has completed the NAB online preceptor training course; and 3. Meet the application requirements in 18VAC95-20-230 (application, fee, attestation, NPDB report, other documents to determine eligibility). 	
	18VAC95-20-380(B)	<p>To renew registration as a preceptor, a person shall:</p> <ol style="list-style-type: none"> 1. Hold a current, unrestricted Virginia NHA license and be employed by or have an agreement with a training facility for a preceptorship; and 2. Meet the renewal requirements of 18VAC95-20-170 (renewal form and fee by 3/31) 	
Training Facility Qualifications	18VAC95-20-330	<p>Training in an AIT program shall be conducted only in:</p> <ol style="list-style-type: none"> 1. A nursing home licensed by the Virginia Board of Health or by a similar licensing body in another jurisdiction; 2. An institution operated by the Virginia Department of Behavioral Health and Developmental Services in which long-term care is provided; 3. A certified nursing home owned or operated by an agency of any city, county, or the Commonwealth or of the United States government; or 4. A certified nursing home unit that is located in and operated by a licensed hospital as defined in § 32.1-123 of the Code of Virginia, a state-operated hospital, or a hospital licensed in another jurisdiction. 	
Required Length of Training	18VAC95-20-310(B)(1), (2), (3)	<p>Credit for prior healthcare work experience</p> <ol style="list-style-type: none"> 1. The applicant shall have been employed full time for four of the past five consecutive years immediately prior to application as an assistant administrator or director of nursing in a training facility as prescribed in <u>18VAC95-20-330</u>, or as the licensed administrator of an assisted living facility; 2. The applicant with experience as a hospital administrator shall have been employed full time for three of the past five years immediately prior to application as a hospital administrator-of-record or an assistant hospital administrator in a hospital setting having 	1,000 total hours

		responsibilities in all of the following areas: a. Regulatory; b. Fiscal; c. Supervisory; d. Personnel; and e. Management; or 3. The applicant who holds a license as a registered nurse shall have held an administrative level supervisory position for at least four of the past five consecutive years, in a training facility as prescribed in <u>18VAC95-20-330</u> .	
	18VAC95-20-310(C)(1)	An applicant with a master's or a baccalaureate degree in a health care-related field that meets the requirements of <u>18VAC95-20-221</u> with no internship	320 total hours
	18VAC95-20-310(C)(2)	An applicant with a master's degree in a field other than health care	1,000 total hours
	18VAC95-20-310(C)(3)	An applicant with a baccalaureate degree in a field other than health care	1,500 total hours
	18VAC95-20-310(C)(4)	An applicant with 60 semester hours of education in an accredited college or university	2,000 total hours
Training and Supervision Requirements	18VAC95-20-390	Prior to beginning an AIT program, the preceptor shall develop and submit a training plan for the AIT that addresses the Domains of Practice	
	December 1, 2009 Board Meeting	Restriction of the number of hours credited toward completion of the AIT program to 40 hours per week at a maximum	
	18VAC95-30-310(D)	An AIT shall be required to serve weekday, evening, night and weekend shifts to receive training in all areas of nursing home operation	
	18VAC95-20-340(A)	Training shall be under the supervision of a preceptor who is registered or recognized by a licensing board.	
	18VAC95-20-340(B)	A preceptor may supervise no more than two AIT's at any one time.	
	18VAC95-20-340(C)	A preceptor shall: 1. Provide direct instruction, planning, and evaluation in the training facility; 2. Shall be routinely present with the trainee in the training facility as appropriate to the experience and training of the AIT and the needs of the residents in the facility; and 3. Shall continually evaluate the development and experience of the AIT to determine specific areas in the Domains of Practice that need to be addressed.	
Reporting Requirements	18VAC95-20-400	Monthly progress reports; accumulated reports submitted by preceptor within 30 days following completion of AIT	
	18VAC95-20-430	Termination of Program – written explanation of causes from both AIT and preceptor within 10 business days; submission of monthly reports completed prior to termination	
	18VAC95-20-440	Interruption of Program A. If the program is interrupted because the registered preceptor is unable to serve, the AIT shall notify the board within five working days and shall obtain a new preceptor who is registered with the board within 60 days. B. Credit for training shall resume when a new preceptor is obtained and approved by the board. C. If an alternate training plan is developed, it shall be submitted to the board for approval before the AIT resumes training.	

**To access the full text of the regulations cited, please visit: https://www.dhp.virginia.gov/nha/nha_laws_regs.htm.

Residential Care/Assisted Living (RC/AL) – Minimum Qualifications and AIT Requirements**

State	Minimum Age	Education Requirement/Minimum	AIT hours	Examination Requirements	Other/Notes
Virginia		Minimum = High school + 30 hours of coursework at an accredited college/university in any subject	320-640	NAB RC/AL	AIT hours based upon education and experience; see chart for additional program requirements
South Carolina	21	Minimum = Associate degree (non health care) + at least one year of on-site work experience	192-384 supervised hours with both supervisory and direct res. care responsibilities	NAB RC/AL + state	Hours based upon degree and amount of previous on-site work experience
Idaho	21	Minimum = High School + 800 hours of onsite supervised experience in facility	200-800	NAB RC/AL + state	
Indiana		Minimum = completion of specialized course of study in long term health care or residential care admin. prescribed by Board	Minimum 1,040 - 6 mo. AIT with up to 30% time waived based upon experience	NAB RC/AL + state	AIT must be completed in a comprehensive care facility; minimum of 32 hours per week, but no more than 8 hours daily; completion within minimum of 6 months and maximum of 12 months for minimum total of 1,040 hours
Maine	21	Minimum of six semester hours in health care/human services and six semester hours in management, or completion of board-approved RC/AL course (currently no approved courses)	n/a	NAB RC/AL	
Missouri	18	Minimum = High School + minimum of two years of health care or aging-related experience, including management responsibility and supervision of two staff or more	500-2000	NAB RC/AL + state	Health care or aging related experience defined as full-time equivalency experience in a licensed home health agency, licensed hospice agency, licensed acute care or long-term care facility, licensed adult day, or licensed mental health facility
Nevada	21	Minimum = High school + minimum of two years of experience in long-term care, including management and supervision	40 minimum	NAB RC/AL	100 hour introductory course on DOP and best practices and 8 hour course on state regulations also required
Oklahoma	21	Minimum = High School + at least one year of consecutive health care experience or 30 semester hours in healthcare related field or bachelor's degree	No AL AIT -> Board approved training program certification	NAB RC/AL + state	

**Note: this listing is based upon states that currently use the NAB RC/AL examination for licensure of Residential Care/Assisted Living Administrators.

Nursing Home Administration – Minimum Qualifications and AIT Requirements

State	Minimum Age	Education Requirement/Minimum	AIT hours	Examination Requirements	Other/Notes
Virginia		60 hours coursework from accredited college or university	320-2000	NAB NHA	AIT hours based upon education and experience; see chart for additional program requirements
North Carolina	18	Associate	480-2000	NAB NHA + state	AITs are required to have a minimum of 12 weeks of OJT, with additional weeks appropriate to individual applicant and can be waived based upon experience; AITs must work 40 hours per week, principally when preceptor is on duty; AIT cannot work in another capacity during AIT; requirement of 4 hours of face-to-face instruction/eval/planning with preceptor each week
Tennessee	18	Associate (if Associate degree, then also need 5 years of acceptable mgmt. experience in long term care facility)	400 minimum; min. 6 months		Minimum of four hours per week of face-to-face orientation, instruction, planning with preceptor
Kentucky	21	Bachelors	1000 minimum	NAB NHA	6 months of continuous management experience in a facility; if part time, not less than 1,000 hours in 24 month period
West Virginia	21	Bachelors	1000 minimum	NAB NHA + state	Preceptor must have at least 3 years of practice to supervise AIT; no outside employment permitted during AIT program
Maryland	21	Bachelors (with 100 hours in health care administration course approved by Board)	2080	NAB NHA + state	Preceptor required to work on same property as nursing home where AIT will be conducted; Full time AIT program is 12 month full-time (40 hours per week); Part time program is 18 month (30 hours per week); facility with 60 beds or more
Ohio	18	Bachelors	500-1500	NAB NHA + state	Hours based upon degree; work at least 35 hours a week during general operating hours; Core of Knowledge course required either before, during, or after AIT; Preceptor must be in full-time practice at nursing facility where AIT to take place
Pennsylvania	21	2 years/60 hours of college-level study + 120 hours in Board approved course	800-1000	NAB NHA + state	No less than 20 and no more than 60 hours per week; 80% of time M-F, 7am-7pm; training plan required
District of Columbia	18	Bachelors	1000 maximum	NAB NHA + state	6 or 12 months of continuous training in an approved nursing home under an approved preceptor; minimum of 35 hours weekly with 2 hours of immediate supervision during the time the preceptor is on duty

Delaware	18	Associate	2080 minimum	NAB NHA	Hours of program based upon education – 6, 9, and 12 month programs
New Jersey	18	Bachelors	1750	NAB NHA	Preceptor licensed for 5 years, active practice for 3 years; Applicants must take 100 hour course relevant to nursing home administration
South Carolina	21	Bachelors	768-1152	NAB NHA + state	Duration is six-nine months depending upon education; AIT may not be employed in any other capacity during AIT program; Preceptors may not supervise employers or supervisors in the AIT program; Preceptors may earn CE credit for precepting; Preceptor required to meet at least weekly with AIT
Georgia	21	High School (+ eight years full time experience in SNF with at least 5 years in management)	500-2000	NAB NHA	Management experience defined as full time employment as a department manager or licensed professional supervising as staff of two or more employees in a SNF or SN hospital unit; Hours based upon education and experience
Florida	18	Bachelors	1000-2000	NAB NHA + state	2,000 hours for any bachelor's degree; 1,000 hours for bachelor's in health care administration, health services administration or equivalent major; full-time supervision of preceptor; 30 min-50 max hours/week, with minimum of 6 hours/day, and hour requirement for overnight shifts; minimum 60 bed facility
Indiana	18	None	728-1040	NAB NHA + state	Minimum of 20 hours per week, but no more than 10 hours per day; minimum of 6 months and maximum of 12 months for completion for a total of 1,040 hours (portions may be waived based upon education/experience); training in a comprehensive care facility

18VAC95-20-175. Continuing Education Requirements.

A. In order to renew a nursing home administrator license, an applicant shall attest on his renewal application to completion of 20 hours of approved continuing education for each renewal year.

1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.
2. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic.
3. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following initial licensure.

B. In order for continuing education to be approved by the board, it shall (i) be related to health care administration and shall be approved or offered by NAB, an accredited institution, or a government agency or (ii) as provided in subdivision A 2 of this section.

C. Documentation of continuing education.

1. The licensee shall retain in his personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.
2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:
 - a. Date the course was taken;
 - b. Hours of attendance or participation;
 - c. Participant's name; and
 - d. Signature of an authorized representative of the approved sponsor.
3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared

disasters. The request for an extension shall be received in writing and granted by the board prior to the renewal date.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 15, Issue 04, eff. December 9, 1998; amended, Virginia Register Volume 19, Issue 19, eff. July 2, 2003; Volume 24, Issue 20, eff. July 24, 2008; Volume 25, Issue 19, eff. June 24, 2009; Volume 29, Issue 20, eff. July 18, 2013; Volume 33, Issue 11, eff. March 9, 2017; Volume 35, Issue 12, eff. March 6, 2019.

18VAC95-30-70. Continuing Education Requirements.

A. In order to renew an assisted living administrator license, an applicant shall attest on his renewal application to completion of 20 hours of approved continuing education for each renewal year.

1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.
2. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic.
3. A licensee is exempt from completing continuing education requirements for the first renewal following initial licensure in Virginia.

B. In order for continuing education to be approved by the board, it shall (i) be related to the Domains of Practice for residential care/assisted living and approved or offered by NAB, an accredited educational institution, or a governmental agency or (ii) be as provided in subdivision A 2 of this section.

C. Documentation of continuing education.

1. The licensee shall retain in his personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.
2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:
 - a. Date the course was taken;
 - b. Hours of attendance or participation;
 - c. Participant's name; and
 - d. Signature of an authorized representative of the approved sponsor.
3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared

disasters. The request for an extension shall be submitted in writing and granted by the board prior to the renewal date.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 24, Issue 06, eff. January 2, 2008; amended, Virginia Register Volume 31, Issue 03, eff. November 20, 2014; Volume 33, Issue 11, eff. March 9, 2017; Volume 35, Issue 12, eff. March 6, 2019.

22VAC40-73-140. Administrator Qualifications.

- A. The administrator shall be at least 21 years of age.
- B. The administrator shall be able to read and write, and understand this chapter.
- C. The administrator shall be able to perform the duties and carry out the responsibilities required by this chapter.
- D. For a facility licensed only for residential living care that does not employ an administrator licensed by the Virginia Board of Long-Term Care Administrators, the administrator shall:
1. Be a high school graduate or shall have a General Education Development (GED) Certificate;
 2. (i) Have successfully completed at least 30 credit hours of postsecondary education from a college or university accredited by an association recognized by the U.S. Secretary of Education and at least 15 of the 30 credit hours shall be in business or human services or a combination thereof; (ii) have successfully completed a course of study approved by the department that is specific to the administration of an assisted living facility; (iii) have a bachelor's degree from a college or university accredited by an association recognized by the U.S. Secretary of Education; or (iv) be a licensed nurse; and
 3. Have at least one year of administrative or supervisory experience in caring for adults in a residential group care facility.

The requirements of this subsection shall not apply to an administrator of an assisted living facility employed prior to February 1, 2018, who met the requirements in effect when employed and who has been continuously employed as an assisted living facility administrator.

E. For a facility licensed for both residential and assisted living care, the administrator shall be licensed as an assisted living facility administrator or nursing home administrator by the Virginia Board of Long-Term Care Administrators pursuant to Chapter 31 (§ 54.1-3100 et seq.) of Title 54.1 of the Code of Virginia.

Statutory Authority

§§ 63.2-217, 63.2-1732, 63.2-1802, 63.2-1805, and 63.2-1808 of the Code of Virginia.

Historical Notes

Derived from Volume 34, Issue 06, eff. February 1, 2018.

Code of Virginia
Title 63.2. Welfare (Social Services)
Chapter 17. Licensure and Registration Procedures

This section has more than one version with varying effective dates. Scroll down to see all versions.

§ 63.2-1720. (For expiration date, see Acts 2017, cc. 189 and 751, as amended by Acts 2018, cc. 146 and 278) Assisted living facilities, adult day care centers, child-placing agencies, and independent foster homes; employment for compensation of persons or use of volunteers convicted of certain offenses prohibited; background check required; penalty.

A. No assisted living facility or adult day care center shall hire for compensated employment or continue to employ persons who have been convicted of any offense set forth in clause (i) of the definition of barrier crime in § 19.2-392.02. A child-placing agency or independent foster home licensed in accordance with the provisions of this chapter shall not hire for compensated employment or continue to employ persons who (i) have been convicted of any barrier crime as defined in § 19.2-392.02 or (ii) are the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. All applicants for employment shall undergo background checks pursuant to subsection C.

B. A licensed assisted living facility or adult day care center may hire an applicant or continue to employ a person convicted of one misdemeanor barrier crime not involving abuse or neglect, or any substantially similar offense under the laws of another jurisdiction, if five years have elapsed following the conviction.

C. Background checks pursuant to subsection A require:

1. A sworn statement or affirmation disclosing whether the person has a criminal conviction or is the subject of any pending criminal charges within or outside the Commonwealth and, in the case of licensed child-placing agencies and independent foster homes, whether or not the person has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth;
2. A criminal history records check through the Central Criminal Records Exchange pursuant to § 19.2-389; and
3. In the case of licensed child-placing agencies and independent foster homes, a search of the central registry maintained pursuant to § 63.2-1515 for any founded complaint of child abuse and neglect.

D. Any person making a materially false statement regarding the sworn statement or affirmation provided pursuant to subdivision C 1 is guilty of a Class 1 misdemeanor.

E. A licensed assisted living facility, licensed adult day care center, licensed child-placing agency, or licensed independent foster home shall obtain for any compensated employees within 30 days of employment (i) an original criminal record clearance with respect to convictions for any offense set forth in clause (i) of the definition of barrier crime in § 19.2-392.02 or an original criminal history record from the Central Criminal Records Exchange and (ii) in the case of licensed child-placing agencies and independent foster homes, (a) an original criminal record clearance with respect to any barrier crime as defined in § 19.2-392.02 or an original criminal history record from the Central Criminal Records Exchange and (b) a copy of the information from the central registry for any compensated employee within 30 days of employment. However, no employee shall be permitted to work in a position that involves direct contact with a person or child receiving services until an original criminal record clearance or original criminal history record has been received, unless such person works under the direct supervision of another employee for whom a background check has been completed in accordance with the requirements of this section. If an applicant is denied employment because of information from the central registry or convictions appearing on his criminal history record, the licensed assisted living facility, adult day care center, child-placing agency, or independent foster home shall provide a copy of the information obtained from the central registry or the Central Criminal Records Exchange or both to the applicant.

F. No volunteer who (i) has been convicted of any barrier crime as defined in § 19.2-392.02 or (ii) is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth shall be permitted to serve in a licensed child-placing agency or independent foster home. Any person desiring to volunteer at a licensed child-placing agency or independent foster home shall provide the agency or home with a sworn statement or affirmation pursuant to subdivision C 1. Such licensed child-placing agency or independent foster home shall obtain for any volunteers, within 30 days of commencement of volunteer service, a copy of (a) the information from the central registry and (b) an original criminal record clearance with respect to any barrier crime as defined in § 19.2-392.02 or an original criminal history record from the Central Criminal Records Exchange. Any person making a materially false statement regarding the sworn statement or affirmation provided pursuant to subdivision C 1 is guilty of a Class 1 misdemeanor. If a volunteer is denied service because of information from the central registry or convictions appearing on his criminal history record, such licensed child-placing agency or independent foster home shall provide a copy of the information obtained from the central registry or the Central Criminal Records Exchange or both to the volunteer. The provisions of this subsection shall apply only to volunteers who will be alone with any child in the performance of their duties and shall not apply to a parent-volunteer of a child attending a licensed child-placing agency or independent foster home, whether or not such parent-volunteer will be alone with any child in the performance of his duties. A parent-volunteer is someone supervising, without pay, a group of children that includes the parent-volunteer's own child in a program that operates no more than four hours per day, provided that the parent-volunteer works under the direct supervision of a person who has received a clearance pursuant to this section.

G. No volunteer shall be permitted to serve in a licensed assisted living facility or licensed adult day care center without the permission or under the supervision of a person who has received a clearance pursuant to this section.

H. Further dissemination of the background check information is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

I. Notwithstanding any other provision of law, a licensed adult day care center that provides services to individuals receiving services under the state plan for medical assistance services or any waiver thereto may disclose to the Department of Medical Assistance Services (i) whether a criminal history background check has been completed for an employee in accordance with this section and (ii) whether such employee is eligible for employment.

J. A licensed assisted living facility shall notify and provide all students a copy of the provisions of this article prior to or upon enrollment in a certified nurse aide program operated by such assisted living facility.

K. A person who complies in good faith with the provisions of this section shall not be liable for any civil damages for any act or omission in the performance of duties under this section unless the act or omission was the result of gross negligence or willful misconduct.

1985, c. 360, § 63.1-198.1; 1986, cc. 300, 627; 1987, cc. 130, 131, 692, 693; 1992, cc. 746, 844, §§ 63.1-173.2, 63.1-194.13; 1993, cc. 17, 657, 730, 742, 957, 993; 1996, c. 747; 1998, cc. 551, 581; 1999, cc. 637, 740; 2001, c. 778; 2002, c. 747; 2005, c. 723; 2006, cc. 701, 764; 2014, c. 129; 2015, cc. 758, 770; 2016, c. 632; 2017, cc. 189, 201, 751, 809; 2019, c. 89.

§ 63.2-1720. (For effective date, see Acts 2017, cc. 189 and 751, as amended by Acts 2018, cc. 146 and 278) Assisted living facilities and adult day care centers; employment for compensation of persons or use of volunteers convicted of certain offenses prohibited; background check required; penalty.

A. No assisted living facility or adult day care center shall hire for compensated employment or continue to employ persons who have been convicted of any offense set forth in clause (i) of the definition of barrier crime in § 19.2-392.02. A child-placing agency or independent foster home licensed in accordance with the provisions of this chapter shall not hire for compensated employment or continue to employ persons who (i) have been convicted of any barrier crime as defined in § 19.2-392.02 or (ii) are the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. All applicants for employment shall undergo background checks pursuant to subsection C.

B. A licensed assisted living facility or adult day care center may hire an applicant or continue to employ a person convicted of one misdemeanor barrier crime not involving abuse or neglect, or any substantially similar offense under the laws of another jurisdiction, if five years have elapsed following the conviction.

C. Background checks pursuant to subsection A require:

1. A sworn statement or affirmation disclosing whether the person has a criminal conviction or is the subject of any pending criminal charges within or outside the Commonwealth and, in the case of licensed child-placing agencies, independent foster homes, and family day systems, registered family day homes, and family day homes approved by family day systems, whether or not the person has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth;

2. A criminal history records check through the Central Criminal Records Exchange pursuant to § 19.2-389; and

3. In the case of licensed child-placing agencies, independent foster homes, and family day systems, registered family day homes, and family day homes approved by family day systems, a search of the central registry maintained pursuant to § 63.2-1515 for any founded complaint of child abuse and neglect.

D. Any person making a materially false statement regarding the sworn statement or affirmation provided pursuant to subdivision C 1 is guilty of a Class 1 misdemeanor.

E. A licensed assisted living facility, licensed adult day care center, licensed child-placing agency, licensed independent foster home, licensed family day system, registered family day home, or family day home approved by a family day system shall obtain for any compensated employees within 30 days of employment (i) an original criminal record clearance with respect to convictions for any offense set forth in clause (i) of the definition of barrier crime in § 19.2-392.02 or an original criminal history record from the Central Criminal Records Exchange and (ii) in the case of licensed child-placing agencies, independent foster homes, and family day systems, registered family day homes, and family day homes approved by family day systems, (a) an original criminal record clearance with respect to any barrier crime as defined in § 19.2-392.02 or an original criminal history record from the Central Criminal Records Exchange and (b) a copy of the information from the central registry for any compensated employee within 30 days of employment. However, no employee shall be permitted to work in a position that involves direct contact with a person or child receiving services until an original criminal record clearance or original criminal history record has been received, unless such person works under the direct supervision of another employee for whom a background check has been completed in accordance with the requirements of this section. If an applicant is denied employment because of information from the central registry or convictions appearing on his criminal history record, the licensed assisted living facility, adult day care center, child-placing agency, independent foster home, or family day system, registered family day home, or family day home approved by a family day system shall provide a copy of the information obtained from the central registry or the Central Criminal Records Exchange or both to the applicant.

F. No volunteer who (i) has been convicted of any barrier crime as defined in § 19.2-392.02 or (ii) is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth shall be permitted to serve in a licensed child-placing agency, independent foster home, or family day system, registered family day home, or family day home approved by a family day system. Any person desiring to volunteer at a licensed child-placing agency, independent foster home, or family day system, registered family day home, or family day home approved by a family day system shall provide the agency, system, or home with a sworn statement or

affirmation pursuant to subdivision C 1. Such licensed child-placing agency, independent foster home, or family day system, registered family day home, or family day home approved by a family day system shall obtain for any volunteers, within 30 days of commencement of volunteer service, a copy of (a) the information from the central registry and (b) an original criminal record clearance with respect to any barrier crime as defined in § 19.2-392.02 or an original criminal history record from the Central Criminal Records Exchange. Any person making a materially false statement regarding the sworn statement or affirmation provided pursuant to subdivision C 1 is guilty of a Class 1 misdemeanor. If a volunteer is denied service because of information from the central registry or convictions appearing on his criminal history record, such licensed child-placing agency, independent foster home, or family day system, registered family day home, or family day home approved by a family day system shall provide a copy of the information obtained from the central registry or the Central Criminal Records Exchange or both to the volunteer. The provisions of this subsection shall apply only to volunteers who will be alone with any child in the performance of their duties and shall not apply to a parent-volunteer of a child attending a licensed child-placing agency, independent foster home, or family day system, registered family day home, or family day home approved by a family day system, whether or not such parent-volunteer will be alone with any child in the performance of his duties. A parent-volunteer is someone supervising, without pay, a group of children that includes the parent-volunteer's own child in a program that operates no more than four hours per day, provided that the parent-volunteer works under the direct supervision of a person who has received a clearance pursuant to this section.

G. No volunteer shall be permitted to serve in a licensed assisted living facility or licensed adult day care center without the permission or under the supervision of a person who has received a clearance pursuant to this section.

H. Further dissemination of the background check information is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

I. Notwithstanding any other provision of law, a licensed adult day care center that provides services to individuals receiving services under the state plan for medical assistance services or any waiver thereto may disclose to the Department of Medical Assistance Services (i) whether a criminal history background check has been completed for an employee in accordance with this section and (ii) whether such employee is eligible for employment.

J. A licensed assisted living facility shall notify and provide all students a copy of the provisions of this article prior to or upon enrollment in a certified nurse aide program operated by such assisted living facility.

K. A person who complies in good faith with the provisions of this section shall not be liable for any civil damages for any act or omission in the performance of duties under this section unless the act or omission was the result of gross negligence or willful misconduct.

1985, c. 360, § 63.1-198.1; 1986, cc. 300, 627; 1987, cc. 130, 131, 692, 693; 1992, cc. 746, 844, §§ 63.1-173.2, 63.1-194.13; 1993, cc. 17, 657, 730, 742, 957, 993; 1996, c. 747; 1998, cc. 551, 581; 1999,

cc. 637, 740; 2001, c. 778; 2002, c. 747; 2005, c. 723; 2006, cc. 701, 764; 2014, c. 129; 2015, cc. 758, 770; 2016, c. 632; 2017, cc. 201, 809; 2019, c. 89.

Code of Virginia
 Title 19.2. Criminal Procedure
 Chapter 23. Central Criminal Records Exchange

§ 19.2-392.02. National criminal background checks by businesses and organizations regarding employees or volunteers providing care to children or the elderly or disabled.

A. For purposes of this section:

"Barrier crime" means (i) a felony violation of § 16.1-253.2; any violation of § 18.2-31, 18.2-32, 18.2-32.1, 18.2-32.2, 18.2-33, 18.2-35, 18.2-36, 18.2-36.1, 18.2-36.2, 18.2-41, or 18.2-42; any felony violation of § 18.2-46.2, 18.2-46.3, 18.2-46.3:1, or 18.2-46.3:3; any violation of § 18.2-46.5, 18.2-46.6, or 18.2-46.7; any violation of subsection A or B of § 18.2-47; any violation of § 18.2-48, 18.2-49, or 18.2-50.3; any violation of § 18.2-51, 18.2-51.1, 18.2-51.2, 18.2-51.3, 18.2-51.4, 18.2-51.5, 18.2-51.6, 18.2-52, 18.2-52.1, 18.2-53, 18.2-53.1, 18.2-54.1, 18.2-54.2, 18.2-55, 18.2-55.1, 18.2-56, 18.2-56.1, 18.2-56.2, 18.2-57, 18.2-57.01, 18.2-57.02, 18.2-57.2, 18.2-58, 18.2-58.1, 18.2-59, 18.2-60, or 18.2-60.1; any felony violation of § 18.2-60.3 or 18.2-60.4; any violation of § 18.2-61, 18.2-63, 18.2-64.1, 18.2-64.2, 18.2-67.1, 18.2-67.2, 18.2-67.3, 18.2-67.4, 18.2-67.4:1, 18.2-67.4:2, 18.2-67.5, 18.2-67.5:1, 18.2-67.5:2, 18.2-67.5:3, 18.2-77, 18.2-79, 18.2-80, 18.2-81, 18.2-82, 18.2-83, 18.2-84, 18.2-85, 18.2-86, 18.2-87, 18.2-87.1, or 18.2-88; any felony violation of § 18.2-279, 18.2-280, 18.2-281, 18.2-282, 18.2-282.1, 18.2-286.1, or 18.2-287.2; any violation of § 18.2-289, 18.2-290, 18.2-300, 18.2-308.4, or 18.2-314; any felony violation of § 18.2-346, 18.2-348, or 18.2-349; any violation of § 18.2-355, 18.2-356, 18.2-357, or 18.2-357.1; any violation of subsection B of § 18.2-361; any violation of § 18.2-366, 18.2-369, 18.2-370, 18.2-370.1, 18.2-370.2, 18.2-370.3, 18.2-370.4, 18.2-370.5, 18.2-370.6, 18.2-371.1, 18.2-374.1, 18.2-374.1:1, 18.2-374.3, 18.2-374.4, 18.2-379, 18.2-386.1, or 18.2-386.2; any felony violation of § 18.2-405 or 18.2-406; any violation of § 18.2-408, 18.2-413, 18.2-414, 18.2-423, 18.2-423.01, 18.2-423.1, 18.2-423.2, 18.2-433.2, 18.2-472.1, 18.2-474.1, 18.2-477, 18.2-477.1, 18.2-477.2, 18.2-478, 18.2-479, 18.2-480, 18.2-481, 18.2-484, 18.2-485, 37.2-917, or 53.1-203; or any substantially similar offense under the laws of another jurisdiction; (ii) any violation of § 18.2-89, 18.2-90, 18.2-91, 18.2-92, 18.2-93, or 18.2-94 or any substantially similar offense under the laws of another jurisdiction; (iii) any felony violation of § 18.2-248, 18.2-248.01, 18.2-248.02, 18.2-248.03, 18.2-248.1, 18.2-248.5, 18.2-251.2, 18.2-251.3, 18.2-255, 18.2-255.2, 18.2-258, 18.2-258.02, 18.2-258.1, or 18.2-258.2 or any substantially similar offense under the laws of another jurisdiction; (iv) any felony violation of § 18.2-250 or any substantially similar offense under the laws of another jurisdiction; (v) any offense set forth in § 9.1-902 that results in the person's requirement to register with the Sex Offender and Crimes Against Minors Registry pursuant to § 9.1-901, including any finding that a person is not guilty by reason of insanity in accordance with Chapter 11.1 (§ 19.2-182.2 et seq.) of Title 19.2 of an offense set forth in § 9.1-902 that results in the person's requirement to register with the Sex Offender and Crimes Against Minors Registry pursuant to § 9.1-901; any substantially similar offense under the laws of another jurisdiction; or any offense for which registration in a sex offender and crimes against minors registry is required under the laws of the jurisdiction where the offender was convicted; or (vi)

any other felony not included in clause (i), (ii), (iii), (iv), or (v) unless five years have elapsed from the date of the conviction.

"Barrier crime information" means the following facts concerning a person who has been arrested for, or has been convicted of, a barrier crime, regardless of whether the person was a juvenile or adult at the time of the arrest or conviction: full name, race, sex, date of birth, height, weight, fingerprints, a brief description of the barrier crime or offenses for which the person has been arrested or has been convicted, the disposition of the charge, and any other information that may be useful in identifying persons arrested for or convicted of a barrier crime.

"Care" means the provision of care, treatment, education, training, instruction, supervision, or recreation to children or the elderly or disabled.

"Department" means the Department of State Police.

"Employed by" means any person who is employed by, volunteers for, seeks to be employed by, or seeks to volunteer for a qualified entity.

"Identification document" means a document made or issued by or under the authority of the United States government, a state, a political subdivision of a state, a foreign government, political subdivision of a foreign government, an international governmental or an international quasi-governmental organization that, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals.

"Provider" means a person who (i) is employed by a qualified entity and has, seeks to have, or may have unsupervised access to a child or to an elderly or disabled person to whom the qualified entity provides care; (ii) is a volunteer of a qualified entity and has, seeks to have, or may have unsupervised access to a child to whom the qualified entity provides care; or (iii) owns, operates, or seeks to own or operate a qualified entity.

"Qualified entity" means a business or organization that provides care to children or the elderly or disabled, whether governmental, private, for profit, nonprofit, or voluntary, except organizations exempt pursuant to subdivision A 7 of § 63.2-1715.

B. A qualified entity may request the Department of State Police to conduct a national criminal background check on any provider who is employed by such entity. No qualified entity may request a national criminal background check on a provider until such provider has:

1. Been fingerprinted; and
2. Completed and signed a statement, furnished by the entity, that includes (i) his name, address, and date of birth as it appears on a valid identification document; (ii) a disclosure of whether or not the provider has ever been convicted of or is the subject of pending charges for a criminal offense within or outside the Commonwealth, and if the provider has been convicted of a crime, a description of the crime and the particulars of the conviction; (iii) a notice to the provider that the entity may request a background check; (iv) a notice to the provider that he is entitled to obtain a copy of any background check report, to challenge the accuracy and completeness of any

information contained in any such report, and to obtain a prompt determination as to the validity of such challenge before a final determination is made by the Department; and (v) a notice to the provider that prior to the completion of the background check the qualified entity may choose to deny the provider unsupervised access to children or the elderly or disabled for whom the qualified entity provides care.

C. Upon receipt of (i) a qualified entity's written request to conduct a background check on a provider, (ii) the provider's fingerprints, and (iii) a completed, signed statement as described in subsection B, the Department shall make a determination whether the provider has been convicted of or is the subject of charges of a barrier crime. To conduct its determination regarding the provider's barrier crime information, the Department shall access the national criminal history background check system, which is maintained by the Federal Bureau of Investigation and is based on fingerprints and other methods of identification, and shall access the Central Criminal Records Exchange maintained by the Department. If the Department receives a background report lacking disposition data, the Department shall conduct research in whatever state and local recordkeeping systems are available in order to obtain complete data. The Department shall make reasonable efforts to respond to a qualified entity's inquiry within 15 business days.

D. Any background check conducted pursuant to this section for a provider employed by a private entity shall be screened by the Department of State Police. If the provider has been convicted of or is under indictment for a barrier crime, the qualified entity shall be notified that the provider is not qualified to work or volunteer in a position that involves unsupervised access to children or the elderly or disabled.

E. Any background check conducted pursuant to this section for a provider employed by a governmental entity shall be provided to that entity.

F. In the case of a provider who desires to volunteer at a qualified entity and who is subject to a national criminal background check, the Department and the Federal Bureau of Investigation may each charge the provider the lesser of \$18 or the actual cost to the entity of the background check conducted with the fingerprints.

G. The failure to request a criminal background check pursuant to subsection B shall not be considered negligence per se in any civil action.

H. (Expires July 1, 2020) Notwithstanding any provisions in this section to the contrary, a spouse of a birth parent or parent by adoption who is not the birth parent of a child and has filed a petition for adoption of such child in circuit court may request the Department of State Police to conduct a national criminal background check on such prospective adoptive parent at his cost for purposes of § 63.2-1242. Such background checks shall otherwise be conducted in accordance with the provisions of this section.

2000, c. 860; 2005, c. 217; 2015, cc. 758, 770; 2017, c. 809; 2018, cc. 9, 810; 2019, c. 617.

18VAC95-30-210. Unprofessional Conduct.

Part V

Refusal, Suspension, Revocation and Disciplinary Action

The board may refuse to admit a candidate to an examination, refuse to issue or renew a license or registration or grant approval to any applicant, suspend a license or registration for a stated period of time or indefinitely, reprimand a licensee or registrant, place his license or registration on probation with such terms and conditions and for such time as it may designate, impose a monetary penalty, or revoke a license or registration for any of the following causes:

1. Conducting the practice of assisted living administration in such a manner as to constitute a danger to the health, safety, and well-being of the residents, staff, or public;
2. Failure to comply with federal, state, or local laws and regulations governing the operation of an assisted living facility;
3. Conviction of a felony or any misdemeanor involving abuse, neglect, or moral turpitude;
4. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.), and 31 (§ 54.1-3100 et seq.) of the Code of Virginia or regulations of the board;
5. Inability to practice with reasonable skill or safety by reason of illness or substance abuse or as a result of any mental or physical condition;
6. Abuse, negligent practice, or misappropriation of a resident's property;
7. Entering into a relationship with a resident that constitutes a professional boundary violation in which the administrator uses his professional position to take advantage of the vulnerability of a resident or his family, to include actions that result in personal gain at the expense of the resident, an inappropriate personal involvement with a resident, or sexual conduct with a resident;
8. The denial, revocation, suspension, or restriction of a license to practice in another state, the District of Columbia or a United States possession or territory;
9. Assuming duties and responsibilities within the practice of assisted living facility administration without adequate training or when competency has not been maintained;
10. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;
11. Falsifying or otherwise altering resident or employer records, including falsely representing facts on a job application or other employment-related documents;
12. Fraud or deceit in procuring or attempting to procure a license or registration or seeking reinstatement of a license or registration; or

13. Employing or assigning unqualified persons to perform functions that require a license, certificate, or registration.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 24, Issue 06, eff. January 2, 2008; amended, Virginia Register Volume 35, Issue 12, eff. March 6, 2019.